

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G77453

FILED
Sep 24, 2012
Secretary of State

Entity Name: MCCALL NURSERY & LANDSCAPE, INC.

Current Principal Place of Business:

5200 SW 58 AVENUE
DAVIE, FL 33314

New Principal Place of Business:

5200 SW 58 AVENUE
DAVIE, FL 33314 UN

Current Mailing Address:

5877 SW 54 COURT
DAVIE, FL 33314

New Mailing Address:

FEI Number: 59-2351416

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHROEDER, LESLIE
5877 SW 54 COURT
DAVIE, FL 33314 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: MCCALL, RICHARD A., JR.
Address: 5925 SW 54 CT
City-St-Zip: DAVIE, FL 33314

Title: VP
Name: MCCALL, RALPH R.
Address: 6075 SW 55 PLACE
City-St-Zip: DAVIE, FL 33314

Title: VP
Name: SCHROEDER, LESLIE M.
Address: 5877 SW 54 CT
City-St-Zip: DAVIE, FL 33314

Title: VP
Name: TINDALL, STEPHANIE M.
Address: 5483 SW 60 AVE
City-St-Zip: DAVIE, FL 33314

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LESLIE SCHROEDER

VP

09/24/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date