

# 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