

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G91463

**FILED**  
**Feb 19, 2012**  
**Secretary of State**

**Entity Name:** LAKE AREA NURSERY, INCORPORATED

**Current Principal Place of Business:**

323 REDWATER LAKE ROAD  
HAWTHORNE, FL 32640

**New Principal Place of Business:**

**Current Mailing Address:**

323 REDWATER LAKE ROAD  
HAWTHORNE, FL 32640

**New Mailing Address:**

**FEI Number:** 59-2392580

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRAY, JOHN F PD  
294 REDWATER LAKE ROAD  
HAWTHORNE, FL 32640 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: PD  
Name: GRAY, JOHN F  
Address: 294 REDWATER LAKE ROAD  
City-St-Zip: HAWTHORNE, FL 32640 US

Title: VP  
Name: GRAY, ELIZABETH L  
Address: 294 REDWATER LAKE ROAD  
City-St-Zip: HAWTHORNE, FL 32640

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: JOHN F. GRAY

PD

02/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date