

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H06427

Entity Name: S & L NURSERY, INC.

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

300 E 9TH ST  
ST. CLOUD, FL 347693091 US

**New Principal Place of Business:**

**Current Mailing Address:**

300 E 9TH ST  
ST. CLOUD, FL 347693091 US

**New Mailing Address:**

FEI Number: 59-2342939

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

POLACHEK, JAY S  
300 E. 9TH STREET  
ST. CLOUD, FL 34769 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: DS  
Name: POLACHEK, JAYNE W  
Address: 300 E. NINTH ST.  
City-St-Zip: SAINT CLOUD, FL 34769

Title: DPT  
Name: POLACHEK, JAY S  
Address: 300 E. NINTH ST.  
City-St-Zip: SAINT CLOUD, FL 34769

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: JAY S. POLACHEK

DPT

04/29/2012

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

\_\_\_\_\_  
Date