

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H09521

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: GOLDEN GATE NURSERY AND SOD, INC.

**Current Principal Place of Business:**

14765 COLLIER BLVD.  
NAPLES, FL 34119 US

**New Principal Place of Business:**

**Current Mailing Address:**

14765 COLLIER BLVD  
NAPLES, FL 34119 US

**New Mailing Address:**

FEI Number: 59-2439228      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

VOLPE, MICHAEL J.  
711 5TH AVE. SOUTH  
NAPLES, FL 34102 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HERNANDEZ, ROSA,  
Address: 565 3RD ST. S.W.  
City-St-Zip: NAPLES, FL

Title: VP ( ) Delete  
Name: HERNANDEZ, JORGE  
Address: 621 31ST NW  
City-St-Zip: NAPLES, FL 34120

Title: ST ( ) Delete  
Name: HERNANDEZ, RUFINO  
Address: 14765 COLLIER BLVD  
City-St-Zip: NAPLES, FL 34119

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROSA HERNANDEZ

P

04/30/2008

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

\_\_\_\_\_  
Date