

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H13950

FILED
Jan 16, 2009
Secretary of State

Entity Name: PONKAN PINES NURSERY, INC.

Current Principal Place of Business:

3100 NORTH PONKAN PINE RD
APOPKA, FL 32712

New Principal Place of Business:

3100 PONKAN PINES RD
APOPKA, FL 32712

Current Mailing Address:

P O BOX 2326
P O BOX 2326
APOPKA, FL 32704 US

New Mailing Address:

P O BOX 2326
APOPKA, FL 32704 US

FEI Number: 31-1108580

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUTZ, DAVID L.
3250 PONKAN PINES RD
APOPKA, FL 32712 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: V () Delete
Name: LUTZ, DALE M
Address: 5420 FOLEY RD
City-St-Zip: CINCINNATI, OH 45238

Title: P () Delete
Name: LUTZ, DAVID L.
Address: 3250 PONKAN PINES RD
City-St-Zip: APOPKA, FL

Title: ST () Delete
Name: LUTZ, MARY T
Address: 3250 PONKAN PINES RD
City-St-Zip: APOPKA, FL 32712

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: DAVID L. LUTZ

P

01/16/2009

Electronic Signature of Signing Officer or Director

Date