

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H13950

FILED
Jan 28, 2011
Secretary of State

Entity Name: PONKAN PINES NURSERY, INC.

Current Principal Place of Business:

3100 PONKAN PINES RD
APOPKA, FL 32712 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 2326
APOPKA, FL 32704 US

New Mailing Address:

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

OFFICERS AND DIRECTORS:

Title: V
Name: LUTZ, DALE M
Address: 5420 FOLEY RD
City-St-Zip: CINCINNATI, OH 45238 US

Title: P
Name: LUTZ, DAVID L
Address: 3250 PONKAN PINES RD
City-St-Zip: APOPKA, FL 32712 US

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

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: DAVID L LUTZ

P

01/28/2011

Electronic Signature of Signing Officer or Director

Date