

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H20345

FILED
Jan 08, 2009
Secretary of State

Entity Name: ROBINSON'S NURSERY & GARDEN SUPPLIES, INC.

Current Principal Place of Business:

11659 LARES AVE
P.O. BOX 784
HOBE SOUND, FL 33475

New Principal Place of Business:

11659 LARES AVE
HOBE SOUND, FL 33455 US

Current Mailing Address:

11659 LARES AVE
P.O. BOX 784
HOBE SOUND, FL 33475

New Mailing Address:

P.O. BOX 784
HOBE SOUND, FL 33475 US

FEI Number: 59-2474205

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBINSON, JOHN S.
11659 S.E. LARES AVENUE
HOBE SOUND, FL 33455 US

Name and Address of New Registered Agent:

ROBINSON, JOHN S
8993 ANSTIS PLACE
HOBE SOUND, FL 33455 US

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: JOHN S. ROBINSON

01/08/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: ROBINSON, JOHN S.,
Address: 8993 ANSTIS STREET
City-St-Zip: HOBE SOUND, FL

Title: P () Delete
Name: ROBINSON, MARIE ANN,
Address: 8993 ANSTIS STREET
City-St-Zip: HOBE SOUND, FL

Title: V () Delete
Name: ROBINSON, MARIAN S.,
Address: 9013 ANSTIS PLACE
City-St-Zip: HOBE SOUND, FL 33455

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change () Addition
Name: ROBINSON, JOHN S
Address: 8993 ANSTIS PLACE
City-St-Zip: HOBE SOUND, FL 33455 US

Title: P (X) Change () Addition
Name: ROBINSON, MARIE A
Address: 8993 ANSTIS PLACE
City-St-Zip: HOBE SOUND, FL 33455 US

Title: V (X) Change () Addition
Name: ROBINSON, MARIAN S
Address: 9013 ANSTIS PLACE
City-St-Zip: HOBE SOUND, FL 33455 US

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: MARIAN S. ROBINSON

V

01/08/2009

Electronic Signature of Signing Officer or Director

Date