

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H21567

Entity Name: LIVE OAK NURSERY, INC.

FILED
Apr 22, 2009
Secretary of State

Current Principal Place of Business:

C/O PETRUS H. BROUWER
14451 GETTIS LEE RD
PARISH, FL 34219

New Principal Place of Business:

C/O PETRUS H. BROUWER
14451 GETTIS LEE RD
PARRISH, FL 34219

Current Mailing Address:

C/O PETRUS H. BROUWER
14451 GETTIS LEE RD
PARISH, FL 34219

New Mailing Address:

C/O PETRUS H. BROUWER
14451 GETTIS LEE RD
PARRISH, FL 34219

FEI Number: 59-2464765

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROUWER, PETRUS H
14451 GETTIS LEE RD
PARISH, FL 34219 US

Name and Address of New Registered Agent:

BROUWER, PETRUS H
14451 GETTIS LEE RD
PARRISH, FL 34219 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: PETRUS BROUWER

04/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BROUWER, PETRUS H
Address: 14451 GETTIS LEE RD
City-St-Zip: PARISH, FL

Title: D () Delete
Name: BROUWER, LAROUX H
Address: 14451 GETTIS LEE RD
City-St-Zip: PARISH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BROUWER, PETRUS H
Address: 14451 GETTIS LEE RD
City-St-Zip: PARRISH, FL 34219

Title: D (X) Change () Addition
Name: BROUWER, LAROUX H
Address: 14451 GETTIS LEE RD
City-St-Zip: PARRISH, FL 34219

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: PETRUS BROUWER

PD

04/22/2009

Electronic Signature of Signing Officer or Director

Date