

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H64776

FILED
Jan 04, 2012
Secretary of State

Entity Name: WINDMILL FARMS NURSERIES, INC.

Current Principal Place of Business:

4687 S HAMMOCK RD
ZOLFO SPRINGS, FL 33890 US

New Principal Place of Business:

Current Mailing Address:

4687 S HAMMOCK RD
ZOLFO SPRINGS, FL 33890 US

New Mailing Address:

FEI Number: 59-2552120

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORD, ERIC C.
4855 S HAMMOCK RD
ZOLFO SPRINGS, FL 33890 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: P
Name: CORD, ERIC C.
Address: 4855 S HAMMOCK RD
City-St-Zip: ZOLFO SPRINGS, FL

Title: S
Name: CORD, JUDITH A.
Address: 4715 S HAMMOCK RD
City-St-Zip: ZOLFO SPRINGS, FL

Title: VP
Name: CORD, JASON
Address: 4664 S HAMMOCK RD
City-St-Zip: ZOLFO SPRINGS, FL

Title: T
Name: BARNES, DAMON R
Address: 4687 S. HAMMOCK ROAD
City-St-Zip: ZOLFO SPRINGS, FL

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: DAMON R. BARNES

T

01/04/2012

Electronic Signature of Signing Officer or Director

Date