

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H65859

FILED
Apr 05, 2007
Secretary of State

Entity Name: GREENDALE NURSERY, INC.

Current Principal Place of Business:

% PETER B. WILSON
28300 S.W. 177 AVENUE.
HOMESTEAD, FL 33030

New Principal Place of Business:

28300 S.W. 177 AVENUE
HOMESTEAD, FL 33030

Current Mailing Address:

% PETER B. WILSON
28300 S.W. 177 AVENUE.
HOMESTEAD, FL 33030

New Mailing Address:

28300 SW 177 AVENUE
HOMESTEAD, FL 33030

FEI Number: 59-2552166

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, PETER B.
28300 SW 177 AVE
HOMESTEAD, FL 33030 US

Name and Address of New Registered Agent:

WILSON, PETER B MR.
28300 SW 177 AVE
HOMESTEAD, FL 33030 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: PETER WILSON

04/05/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILSON, RICHARD M.,
Address: 16350 S W 77 COURT
City-St-Zip: MIAMI, FL

Title: VD () Delete
Name: WILSON, PETER B.,
Address: 16101 SW 84 CT
City-St-Zip: MIAMI, FL

Title: VD () Delete
Name: WILSON, STEVEN
Address: 16905 SW 82 CT
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: WILSON, THOMAS J.,
Address: 16219 S W 78 AVE
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: WILSON, GLORIA A.,
Address: 16219 S W 78 AVE
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: YOUNG, VICKI,
Address: 16219 S W 78 AVE
City-St-Zip: MIAMI, FL

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:

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 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: PETER WILSON

VD

04/05/2007

Electronic Signature of Signing Officer or Director

Date