2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H79386

FILED Apr 03, 2009 Secretary of State

Entity Name: SPRING LAKE LAWN & GARDEN CENTER, INC.

Current Principal Place of Business:		New Principal Place of Business:		
8955 US 9 SEBRING	98 , FL 33876	US		
Current Mailing Address:		New Mailing Address:		
8955 US 9 SEBRING	98 , FL 33876	US		
FEI Number	r: 59-2593363	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address o	Name and Address of New Registered Agent:	
The above	98 , FL 33876 e named entit	US y submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,
8955 ÚS 9 SEBRING The above in the Stat	98 , FL 33876 e named entit e of Florida.		ourpose of changing its registered	d office or registered agent, or both,
8955 ÚS 9 SEBRING The above	98 , FL 33876 e named entit e of Florida. RE:			d office or registered agent, or both, Date
8955 ÚS 9 SEBRING The above in the Stat SIGNATU	98 , FL 33876 e named entit e of Florida. RE: 	y submits this statement for the p		
8955 ÚS 9 SEBRING The above in the Stat SIGNATU Election Ca	98 , FL 33876 e named entit e of Florida. RE: 	y submits this statement for the point of the point Signature of Registered Ageing Trust Fund Contribution ().	ent	
8955 ÚS 9 SEBRING The above in the Stat SIGNATU Election Ca	98 F, FL 33876 e named entitive of Florida. RE: Electrompaign Finances S AND DIRE	y submits this statement for the ponic Signature of Registered Againg Trust Fund Contribution (). CTORS: () Delete AM B DP T ROAD	ent	Date

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: SANDRA F BONE D 04/03/2009