

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J07758

FILED
Jan 19, 2009
Secretary of State

Entity Name: HIDDEN ACRES NURSERY, INC.

Current Principal Place of Business:

10715 SHANKHILL RD
SEBRING, FL 33872 US

New Principal Place of Business:

10715 SHANKHILL RD
SEBRING, FL 33875 US

Current Mailing Address:

P.O. BOX 723
SEBRING, FL 33871 US

New Mailing Address:

FEI Number: 59-2677999 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCOLLUM & RINALDO, P.A.
129 SOUTH COMMERCE AVENUE
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

JAMES MCCOLLUM, PA
129 SOUTH COMMERCE AVENUE
SEBRING, FL 33870 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: APRIL M. COWAN

01/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: DUBOSE, JAMES E.,
Address: 10842 SHANKILL RD
City-St-Zip: SEBRING, FL 33875

Title: D () Delete
Name: DUBOSE, NANCY C.,
Address: 10842 SHANKHILL RD
City-St-Zip: SEBRING, FL 33875

Title: P () Delete
Name: FISHER, WESLEY C.,
Address: 916 LAKE JOSEPHINE DR
City-St-Zip: SEBRING, FL 33875

Title: DST () Delete
Name: COWAN, APRIL M
Address: 2100 DOG LEG DR
City-St-Zip: SEBRING, FL 33872

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: DUBOSE, JAMES E.,
Address: P.O. BOX 1652
City-St-Zip: SEBRING, FL 33871

Title: D (X) Change () Addition
Name: DUBOSE, NANCY C.,
Address: P.O. BOX 1652
City-St-Zip: SEBRING, FL 33871

Title: P (X) Change () Addition
Name: FISHER, WESLEY C.,
Address: P.O. BOX 723
City-St-Zip: SEBRING, FL 33871

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: APRIL M. COWAN

S/T

01/19/2009

Electronic Signature of Signing Officer or Director

Date