

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K04370

**FILED**  
**Feb 20, 2012**  
**Secretary of State**

**Entity Name:** SCARBOROUGH RANCH NURSERIES, INC.

**Current Principal Place of Business:**

408 S.W. 15TH STREET  
OKEECHOBEE, FL 34974

**New Principal Place of Business:**

408 S.W. 15TH STREET  
OKEECHOBEE, FL 34974 UN

**Current Mailing Address:**

408 S.W. 15TH STREET  
OKEECHOBEE, FL 34974

**New Mailing Address:**

**FEI Number:** 65-0025218      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WIERSMA, TONI J.  
408 S.W. 15TH STREET  
OKEECHOBEE, FL 34974 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: STD  
Name: WIERSMA, TONI J.  
Address: 408 S.W. 15TH STREET  
City-St-Zip: OKEECHOBEE, FL

Title: PD  
Name: WIERSMA, BILL  
Address: 408 S.W. 15TH ST.  
City-St-Zip: OKEECHOBEE, FL

Title: VPD  
Name: JONES, DONALD  
Address: 7740 S. W. 13TH STREET  
City-St-Zip: OKEECHOBEE, 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: TONI WIERSMA

STD

02/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date