

2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 23, 2009
Secretary of State**

DOCUMENT# K47525

Entity Name: MCCRORY'S SUNNY HILL NURSERY, INC.

Current Principal Place of Business:

% WARD E. MCCRORY
35152 LAPLACE COURT
EUSTIS, FL 32736 US

New Principal Place of Business:

WARD E. MCCRORY
35152 LAPLACE COURT
EUSTIS, FL 32736 US

Current Mailing Address:

35152 LAPLACE CT
EUSTIS, FL 32736 US

New Mailing Address:

WARD E. MCCRORY
35152 LAPLACE COURT
EUSTIS, FL 32736 US

FEI Number: 59-2913143 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCRORY, DOLORES
35152 LAPLACE CT
EUSTIS, FL 32736 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCCRORY, WARD E.,
Address: 35152 LAPLACE COURT
City-St-Zip: EUSTIS, FL 32736

Title: VD () Delete
Name: MCCRORY, DOLORES,
Address: 35152 LAPLACE COURT
City-St-Zip: EUSTIS, FL 32736

Title: STD () Delete
Name: GEORGIA ORSER,
Address: 35152 LAPLACE COURT
City-St-Zip: EUSTIS, FL 32736

Title: TRE () Delete
Name: ELIZABETH MCCRORY,
Address: 35152 LAPLACE COURT
City-St-Zip: EUSTIS, FL 32736

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STD (X) Change () Addition
Name: GEORGIA ORSER,
Address: 35341 PINEGATE TRL
City-St-Zip: EUSTIS, FL 32736

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: GEORGIA ORSER

STD

03/23/2009

Electronic Signature of Signing Officer or Director

_____ Date