

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K68943

Entity Name: M & M NURSERIES, INC.

FILED
Mar 11, 2009
Secretary of State

Current Principal Place of Business:

5339 EMERSON AV
ST LUICE, FL 349511608

New Principal Place of Business:

Current Mailing Address:

8098 PICOS ROAD
FORT PIERCE, FL 34945

New Mailing Address:

FEI Number: 65-0106855

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCMGUIRE, PETER M
893 WOODLANDS DRIVE
PORT SAINT LUCIE, FL 34952 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: P () Delete
Name: MCGUIRE, PETER M
Address: 893 WOODLANDS DR
City-St-Zip: PORT ST LUCIE, FL 34952

Title: V () Delete
Name: MORRIS, KENNETH A
Address: 5339 EMERSON AVE
City-St-Zip: FT PIERCE, FL 34951

Title: ST () Delete
Name: GAVER, MARGARET M
Address: 8098 PICOS RD
City-St-Zip: FT PIERCE, FL 34945

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:

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: PETER MCGUIRE

PRES

03/11/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date