## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# L22225

Entity Name: TROPICAL HORIZONS NURSERY, INC.

FILED Jul 07, 2008 Secretary of State

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Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
19800 SW HOMESTE	7 272 ST EAD, FL 33031	US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
19800 SW HOMESTE	7 272 ST EAD, FL 33031	US			
FEI Number	: 65-0155440	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:	
16780 SW	IRISTOPHER A 1 280 ST EAD, FL 33031	us			
	e named entity s e of Florida.	ubmits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
	Electroni	ic Signature of Registered A્	gent	Date	
		(2)(b), F.S., the corporation did r	not receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () BUSS, CHRISTO 16780 SW 280 S HOMESTEAD, F	ST	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S () BUSS, ALISON, 16780 SW 280 S HOMESTEAD, F		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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: ALISON BUSS SEC 07/07/2008