

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L39383

Entity Name: NORTHSIDE NURSERY, INC.

FILED
Mar 23, 2009
Secretary of State

Current Principal Place of Business:

%JON GOFF
3532 N. U.S. #1
FT. PIERCE, FL 34946

New Principal Place of Business:

Current Mailing Address:

%JON GOFF
3532 N. U.S. #1
FT. PIERCE, FL 34946

New Mailing Address:

FEI Number: 59-2989140 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOFF, JON
3532 N. U.S. #1
FT. PIERCE, FL 34946 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: PDT () Delete
Name: GOFF, JON E
Address: 110 SE 12TH PLACE
City-St-Zip: VERO BEACH, FL 32962

Title: VP () Delete
Name: GOFF, TERESA D
Address: 110 SE 12TH PLACE
City-St-Zip: VERO BEACH, FL 32962

Title: VP () Delete
Name: JACKSON, ERIC R
Address: 17025 HAMMOCK LN
City-St-Zip: FORT PIERCE, FL 34987

Title: ST () Delete
Name: JACKSON, KIMBERLY L
Address: 17025 HAMMOCK LN
City-St-Zip: FORT PIERCE, FL 34987

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:

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: KIMBERLY JACKSON

ST

03/23/2009

Electronic Signature of Signing Officer or Director

_____ Date