2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2012
Secretary of State

DOCUMENT# L39383

Entity Name: NORTHSIDE NURSERY, INC.

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

OFFICERS AND DIRECTORS:

Title: PDT
Name: GOFF, JON E
Address: 110 SE 12TH PLACE
City-St-Zip: VERO BEACH, FL 32962

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

Title: VP
Name: JACKSON, ERIC R
Address: 17025 HAMMOCK LN
City-St-Zip: PORT SAINT LUCIE, FL 34987

Title: ST
Name: JACKSON, KIMBERLY L
Address: 17025 HAMMOCK LN
City-St-Zip: PORT SAINT LUCIE, FL 34987

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: KIMBERLY L JACKSON ST 04/09/2012

Electronic Signature of Signing Officer or Director Date