2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L49304

FILED Apr 29, 2009 Secretary of State

Entity Name: NORTH FLORIDA NURSERY & LANDSCAPE INC.

Current Principal Place of Business:			New Principal Place of Business:		
130 NEIL ALLAHA	.COURT SSEE, FL 323	03			
Current Mailing Address:			New Mailing Address:		
30 BRYA CAIRO, G					
El Number	: 59-2995990	FEI Number Applied For ()	FEI Number Not Applicable()	Certificate of Status Desired ()	
lame and	Address of (Current Registered Agent:	Name and Address of	of New Registered Agent:	
130 NEIL	R, DONALD D . COURT SSEE, FL 323				
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
	e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
n the State	e of Florida. RE:	submits this statement for the particles of Registered Ag		ed office or registered agent, or both, Date	
n the State	e of Florida. RE: Electro				
n the State	e of Florida. RE: Electro	nic Signature of Registered Ag	ent		
n the State	e of Florida. RE: Electrol mpaign Financin S AND DIREC	nic Signature of Registered Aggrust Fund Contribution (). TORS:) Delete DNALD E	ent	Date	
n the State SIGNATUI Iection Car DFFICER: title: ame: ddress:	e of Florida. RE: Electron mpaign Financin S AND DIRECT P (BOERGER, DO 630 BRYANT F CAIRO, GA 38	nic Signature of Registered Agr g Trust Fund Contribution (). ETORS:) Delete DNALD E RD 1828) Delete DNALD D	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR	

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: DONALD E. BOERGER	Р	04/29/2009
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