

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L49770

Entity Name: JOH-VANNAH NURSERY, INC.

FILED  
Apr 16, 2010  
Secretary of State

## Current Principal Place of Business:

5814 LAKE LIZZIE DRIVE  
C/O STEPHEN D. POLACHEK  
ST. CLOUD, FL 34771 US

## New Principal Place of Business:

## Current Mailing Address:

C/O STEPHEN D. POLACHEK  
5814 LAKE LIZZIE DRIVE  
ST. CLOUD, FL 34771 US

## New Mailing Address:

5814 LAKE LIZZIE DRIVE  
C/O STEPHEN D. POLACHEK  
ST. CLOUD, FL 34771 US

FEI Number: 59-2994926

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

POLACHEK, STEPHEN D.  
5775 LAKE LIZZIE DRIVE  
SAINT CLOUD, FL 34771 US

## Name and Address of New Registered Agent:

POLACHEK, STEPHEN D PRES.  
5775 LAKE LIZZIE DRIVE  
SAINT CLOUD, FL 34771 US

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: STEPHEN POLACHEK

04/16/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP  
Name: POLACHEK, STEPHEN D.  
Address: 5775 LAKE LIZZIE DR  
City-St-Zip: ST. CLOUD, FL 34771

Title: DVP  
Name: POLACHEK, DEBORAH L.  
Address: 5775 LAKE LIZZIE DR  
City-St-Zip: ST. CLOUD, FL 34771

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: DEBORAH POLACHEK

DVP

04/16/2010

Electronic Signature of Signing Officer or Director

Date