

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L70739

FILED
Apr 13, 2009
Secretary of State

Entity Name: GRASS ROOTS NURSERIES, INC.

Current Principal Place of Business:

% CAROL ANN HUDSON
33404 COUNTY RD 468
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

PO BOX 639
FRUITLAND PARK, FL 34731

New Mailing Address:

FEI Number: 65-0195280

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUDSON, CAROL ANN
04039 EAGLE RIDGE RD
FRUITLAND PARK, FL 34731 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: PD () Delete
Name: HUDSON, CAROL ANN
Address: 04039 EAGLE RIDGE RD
City-St-Zip: FRUITLAND PARK, FL 34731

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: CAROL ANN HUDSON

PRES

04/13/2009

Electronic Signature of Signing Officer or Director

Date