

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M64451

FILED  
Jan 17, 2012  
Secretary of State

Entity Name: ABELL'S NURSERY, INC.

**Current Principal Place of Business:**

5850 HYPOLUXO ROAD  
LAKE WORTH, FL 33463 US

**New Principal Place of Business:**

**Current Mailing Address:**

5850 HYPOLUXO ROAD  
LAKE WORTH, FL 33463 US

**New Mailing Address:**

FEI Number: 65-0028429

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ABELL, ELBERT R.  
5850 HYPOLUXO ROAD  
LAKE WORTH, FL 33463 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: DV  
Name: ABELL, ELBERT R  
Address: 5850 HYPOLUXO RD  
City-St-Zip: LAKE WORTH, FL 33463 73

Title: DP  
Name: ABELL, MELODYE S  
Address: 5850 HYPOLUXO RD SO  
City-St-Zip: LAKE WORTH, FL 33463 73

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: MELODYE S ABELL

PRES

01/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date