

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000015790

FILED
Jan 11, 2009
Secretary of State

Entity Name: WIREGRASS NURSERY MANAGEMENT, INC.

Current Principal Place of Business:

6760 IMMOKALEE RD
KEYSTONE HEIGHTS, FL 32656

New Principal Place of Business:

Current Mailing Address:

PO BOX 967
KEYSTONE HEIGHTS, FL 32656

New Mailing Address:

FEI Number: 59-3627174

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWELL, P.A., PAUL D
260-A LAWRENCE BLVD.
PO BOX 1369
KEYSTONE HEIGHTS, FL 32656 US

Name and Address of New Registered Agent:

NEWELL, P.A., PAUL D
260-A LAWRENCE BLVD.
KEYSTONE HEIGHTS, FL 32656 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:

01/11/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BYRNES, ROBERT L
Address: 6813 IMMOKALEE ROAD
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: ST () Delete
Name: GANLEY, TIMOTHY C
Address: 6984 ELFO DRIVE
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERT L. BYRNES

P

01/11/2009

Electronic Signature of Signing Officer or Director

Date