

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000015790

**FILED**  
**Mar 03, 2011**  
**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.  
KEYSTONE HEIGHTS, FL 32656 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: P  
Name: GANLEY, TIMOTHY C  
Address: 6984 ELFO ROAD  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: STD  
Name: BYRNES, LINDA J  
Address: 6813 IMMOKALEE ROAD  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

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: TIMOTHY C. GANLEY

PRES

03/03/2011

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

\_\_\_\_\_  
Date