

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000057795

FILED  
Apr 04, 2009  
Secretary of State

Entity Name: QUINNTESSENCE NURSERY, INC.

**Current Principal Place of Business:**

2141 C ROAD  
LOXAHATCHEE, FL 33470

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 211391  
ROYAL PALM BEACH, FL 33421

**New Mailing Address:**

FEI Number: 65-1036013

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

QUINN, JOSEPH  
6342 120TH AVE. N  
W. PALM BEACH, FL 33412 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: QUINN, JOSEPH  
Address: 6342 120TH AVE. N  
City-St-Zip: W. PALM BEACH, FL 33412

Title: VD ( ) Delete  
Name: QUINN, CARMEN  
Address: 6342 120TH AVE. N  
City-St-Zip: W. PALM BEACH, FL 33412

**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: CARMEN QUINN

VD

04/04/2009

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

\_\_\_\_\_  
Date