

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000099575

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** EAU GALLIE WHOLESale NURSERY INC.

**Current Principal Place of Business:**

2198 ARIZONA STREET  
W MELBOURNE, FL 32904

**New Principal Place of Business:**

2198 ARIZONA STREET  
W MELBOURNE, FL 32904 US

**Current Mailing Address:**

2198 ARIZONA STREET  
W MELBOURNE, FL 32904

**New Mailing Address:**

2198 ARIZONA STREET  
W MELBOURNE, FL 32904 US

**FEI Number:** 59-3679955

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HAYES, MARK A  
2198 ARIZONA ST.  
W. MELBOURNE, FL 32904 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: PD  
Name: HAYES, MARK A  
Address: 2198 ARIZONA ST.  
City-St-Zip: W. MELBOURNE, FL 32904

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: MARK A. HAYES

PRES

04/25/2011

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

\_\_\_\_\_  
Date