2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2012
Secretary of State

DOCUMENT# P01000031790

Entity Name: NURSERY REPORT, INC.

Current Principal Place of Business:

18710 SW 288TH ST., ROOM 129
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

18710 SW 288TH ST., ROOM 129
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: 65-1102397 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FREDERICK, MICHAEL
75 NE 15TH STREET
HOMESTEAD, FL 33030 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: PRES
Name: ALEXANDER, IVONNE
Address: 18710 SW 288 ST, RM 129
City-St-Zip: HOMESTEAD, FL 33030

Title: PP
Name: HUMPHRIES, ALLYSON
Address: 18710 SW 288TH ST., ROOM 129
City-St-Zip: HOMESTEAD, FL 33030

Title: S
Name: SPURLING, JANE
Address: 18710 SW 288 ST, ROOM 129
City-St-Zip: HOMESTEAD, FL 33030

Title: T
Name: GREER, LISA
Address: 18710 SW 288TH ST., ROOM 129
City-St-Zip: HOMESTEAD, FL 33030

Title: VP
Name: HELMS-SHELLEY, JENN
Address: 18710 SW 288TH STREET, ROOM 129
City-St-Zip: HOMESTEAD, FL 33030

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: IVONNE ALEXANDER PRES 02/17/2012

Electronic Signature of Signing Officer or Director Date