

# **2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P01000044201

Entity Name: PARR NURSERY, INC.

**FILED**  
**Apr 29, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

308 STONE BRIDGE DR  
LONGWOOD, FL 32779

**New Principal Place of Business:**

1365 BEACON CIRCLE  
WELLINGTON, FL 33414

**Current Mailing Address:**

POB 915064  
LONGWOOD, FL 32791

**New Mailing Address:**

1365 BEACON CIRCLE  
WELLINGTON, FL 33414

FEI Number: 59-3714147

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RANISEY, PHILIP E  
308 STONEBRIDGE DR  
LONGWOOD, FL 32779 US

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

RACE, CHRISTOPHER  
1365 BEACON CIRCLE  
WELLINGTON, FL 33414 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: CHRISTOPHER RACE

04/29/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: RAMSEY, PHILIP  
Address: PO BOX 915064  
City-St-Zip: LONGWOOD, FL 32791

Title: ST ( ) Delete  
Name: RAMSEY, RITA  
Address: 308 STONEBRIDGE DR  
City-St-Zip: LONGWOOD, FL 32779

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: RACE, CHRISTOPHER  
Address: 1365 BEACON CIRCLE  
City-St-Zip: WELLINGTON, FL 33414

Title: ST (X) Change ( ) Addition  
Name: RACE, CHRISTOPHER  
Address: 1365 BEACON CIRCLE  
City-St-Zip: WELLINGTON, FL 33414

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: CHRISTOPHER RACE

PST

04/29/2008

Electronic Signature of Signing Officer or Director

Date