

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000088159

**FILED**  
**Aug 28, 2010**  
**Secretary of State**

**Entity Name:** GREENSCAPE NURSERY, INC.

**Current Principal Place of Business:**

411 US 27 SOUTH  
LAKE PLACID, FL 33852 US

**New Principal Place of Business:**

4920 US 27 SOUTH  
SEBRING, FL 33870 US

**Current Mailing Address:**

411 US 27 SOUTH  
LAKE PLACID, FL 33852 US

**New Mailing Address:**

1535 CHURCHILL STREET  
LAKE PLACID, FL 33852 US

**FEI Number:** 80-0010466

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AUSTIN, DAVID  
411 US 27 SOUTH  
LAKE PLACID, FL 33852 US

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

AUSTIN, DAVID  
1535 CHURCHILL STREET  
LAKE PLACID, FL 33852 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:

08/28/2010

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPST  
Name: AUSTIN, DAVID  
Address: 1535 CHURCHILL STREET  
City-St-Zip: LAKE PLACID, FL 33852 US

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: DAVID A AUSTIN

PRES

08/28/2010

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

\_\_\_\_\_  
Date