2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2011
Secretary of State

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Entity Name: ALTURAS NATIVE NURSERIES, INC.

Current Principal Place of Business:

1950 EL PASO TRIAL
BARTOW, FL 33830

New Principal Place of Business:

Current Mailing Address:

P O BOX 8
ALTURAS, FL 33820

New Mailing Address:

FEI Number: 57-0424588 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, DONALD H JR
245 S CENTRAL AVE
BARTOW, FL 33830 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: MERCER, EDWIN D
Address: 1950 EL PASO TRIAL
City-St-Zip: BARTOW, FL 33830

Title: DTS
Name: MERCER, CANDACE E
Address: 1950 EL PASO TRIAL
City-St-Zip: BARTOW, FL 33830

Title: VD
Name: VOIGT, LOUIS A
Address: 9385 SUREYORS LAKE RD
City-St-Zip: BARTOW, FL 33830

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: EDWIN MERCER PRES 01/08/2011

Electronic Signature of Signing Officer or Director Date