

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000052738

Entity Name: CARA NURSERIES, INC.

FILED  
Apr 30, 2009  
Secretary of State

## Current Principal Place of Business:

5454 FOLIAGE WAY  
APOPKA, FL 32712

## New Principal Place of Business:

## Current Mailing Address:

2060 LINDEN BLVD  
ELMONT, NY 11003

## New Mailing Address:

FEI Number: 37-1466312

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CARRACCILO, JOSEPH SR  
5454 FOLIAGE WAY  
APOPKA, FL 32712 US

## Name and Address of New Registered Agent:

CARRACCILO, JOSEPH  
5454 FOLIAGE WAY  
APOPKA, FL 32712 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: JOSEPH CARACCILO

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CARACCILO, JOSEPH SR  
Address: 2060 LINDEN BLVD  
City-St-Zip: ELMONT, NY 11003

Title: S ( ) Delete  
Name: CARACCILO, CATHERINE  
Address: 2060 LINDEN BLVD  
City-St-Zip: ELMONT, NY 11003

Title: V ( ) Delete  
Name: CARACCILO, JOSEPH A  
Address: 2060 LINDEN BLVD  
City-St-Zip: ELMONT, NY 11003

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CARACCILO, JOSEPH  
Address: 2060 LINDEN BLVD  
City-St-Zip: ELMONT, NY 11003

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: CARACCILO, PAUL  
Address: 6650 MARINA POINT VILLAGE COURT  
City-St-Zip: TAMPA, FL 33633

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: JOSEPH CARACCILO

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date