

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000055099

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** CROWLEY NURSERY AND GARDENS, INC.

**Current Principal Place of Business:**

16423 JOMAR RD.  
SARASOTA, FL 34240

**New Principal Place of Business:**

**Current Mailing Address:**

16423 JOMAR RD.  
SARASOTA, FL 34240

**New Mailing Address:**

**FEI Number:** 90-0108609

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WATROUS, ROBERT P ESQ.  
2055 WOOD STREET  
SUITE 208  
SARASOTA, FL 34237 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: PTD  
Name: CROWLEY, KATHY  
Address: 16423 JOMAR RD.  
City-St-Zip: SARASOTA, FL 34240

Title: VD  
Name: CROWLEY, CHARLES  
Address: 16423 JOMAR RD.  
City-St-Zip: SARASOTA, FL 34240

Title: SD  
Name: DALTON, WARNER R  
Address: 16423 JOMAR RD.  
City-St-Zip: SARASOTA, FL 34240

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: KATHY CROWLEY

PRES

04/19/2011

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

\_\_\_\_\_  
Date