

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000072552

Entity Name: GLENWOOD NURSERIES, INC

FILED  
Sep 03, 2007  
Secretary of State

## Current Principal Place of Business:

4731 SW 178 AVE  
SOUTHWEST RANCHES, FL 33331

## New Principal Place of Business:

## Current Mailing Address:

4731 SW 178 AVE  
SOUTHWEST RANCHES, FL 33331

## New Mailing Address:

5280 SW 186 AVE  
SOUTHWEST RANCHES, FL 33332

FEI Number: 16-1674009

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WHITICE-HAMER, DEBRA  
5280 SW 186 AVENUE  
SOUTHWEST RANCHES, FL 33332 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MASRI-WHITICE, MOONA E  
Address: 4731 SW 178 AVE  
City-St-Zip: SOUTHEAST, FL 33331

Title: VP ( ) Delete  
Name: RICO, LUIS  
Address: 8962 SW 52 STREET  
City-St-Zip: COPER CITY, FL 33328

Title: VP ( ) Delete  
Name: ARIZTIBAL, LUIS  
Address: 2950 N. PALMAIRE DRIVE BLDG 5 APT 607  
City-St-Zip: POMPANO BEACH, FL 33069

Title: S.T ( ) Delete  
Name: WHITICE-HAMER, DEBRA  
Address: 5280 SW 186 AVE  
City-St-Zip: SOUTHWEST RANCHES, FL 33332

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: DEBRA WHITICE HAMER

S.T.

09/03/2007

Electronic Signature of Signing Officer or Director

Date