

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000072552

Entity Name: GLENWOOD NURSERIES, INC

FILED  
Apr 23, 2010  
Secretary of State

**Current Principal Place of Business:**

4731 SW 178 AVE  
SOUTHWEST RANCHES, FL 33331

**New Principal Place of Business:**

**Current Mailing Address:**

5280 SW 186 AVE  
SOUTHWEST RANCHES, FL 33332

**New Mailing Address:**

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  
Name: MASRI-WHITICE, MOONA E  
Address: 5280 SW 186 AVE.  
City-St-Zip: SOUTHWEST RANCHES, FL 33332

Title: VP  
Name: RICO, LUIS  
Address: 8962 SW 52 STREET  
City-St-Zip: COOPER CITY, FL 33328

Title: VP  
Name: ARIZTIBAL, LUIS  
Address: 1721 SW 115 AVE.  
City-St-Zip: DAVIE, FL 33325

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

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: DEBRA WHITICE HAMER

ST

04/23/2010

Electronic Signature of Signing Officer or Director

Date