

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000119888

Entity Name: AUSTIN NURSERY, INC.

**FILED**  
**Jun 18, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3100 RAVEN RD  
ORLANDO, FL 32803

**New Principal Place of Business:**

**Current Mailing Address:**

3100 RAVEN RD  
ORLANDO, FL 32803

**New Mailing Address:**

FEI Number: 65-1210075

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SMITH, WAYNE H  
3100 RAVEN RD  
ORLANDO, FL 32803 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: PAS  
Name: SMITH, WAYNE H  
Address: 3100 RAVEN RD  
City-St-Zip: ORLANDO, FL 32803

Title: VPST  
Name: SMITH, DIANE B  
Address: 3100 RAVEN RD  
City-St-Zip: ORLANDO, FL 32803

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: DIANE SMITH

VP

06/18/2011

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

\_\_\_\_\_  
Date