

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000146215

Entity Name: CENTRAL WETLANDS NURSERY, INC.

FILED  
Jun 22, 2009  
Secretary of State

## Current Principal Place of Business:

5582 HWY. 520  
COCOA, FL 32926

## New Principal Place of Business:

## Current Mailing Address:

5582 HWY. 520  
COCOA, FL 32926

## New Mailing Address:

FEI Number: 65-1211432

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KRSEK, RAYMOND  
5582 HWY. 520  
COCOA, FL 32926 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: KRSEK, RAYMOND  
Address: 3230 ERICA RD.  
City-St-Zip: COCOA, FL 32926

Title: VP ( ) Delete  
Name: WILKINSON, KATHY  
Address: 3230 ERIOA ST  
City-St-Zip: COCOA, FL 32926

Title: SGM ( ) Delete  
Name: KRESEK, JOE  
Address: 2007 MICHIGAN AVE  
City-St-Zip: COCOA, FL 32922

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: KRSEK, RAYMOND  
Address: 3230 ERICA RD.  
City-St-Zip: COCOA, FL 32926

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: RAMOND KRSEK

PRES

06/22/2009

Electronic Signature of Signing Officer or Director

Date