

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000148101

FILED
Feb 27, 2009
Secretary of State**Entity Name:** NEWVISIONS FULL SERVICE NURSERY, INC.**Current Principal Place of Business:**1901 N HARBOR CITY BLVD
MELBOURNE, FL 32935**New Principal Place of Business:****Current Mailing Address:**1901 N HARBOR CITY BLVD
MELBOURNE, FL 32935**New Mailing Address:****FEI Number:** 20-0455356**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ALL FLORIDA FIRM, INC
813 DELTONA BLVD STE A
BOX 1392140
DELTONA, FL 32725 US**Name and Address of New Registered Agent:**COLE, MICHAEL A P
1901 N HARBOR CITY BLVD
MELBOURNE, FL, FL 32904 US

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: MICHAEL A COLE

02/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COLE, MICHAEL A
Address: 1901 N HARBOR CITY BLVD
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MICHAEL A COLE

P

02/27/2009

Electronic Signature of Signing Officer or Director

Date