2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2011
Secretary of State

DOCUMENT# P04000016506

Entity Name: CARTER ISLAND NURSERY, INC.

Current Principal Place of Business:

1655 E. SEMORAN BLVD.
22
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

PO BOX 1262
APOPKA, FL 32704

New Mailing Address:

FEI Number: 59-3781747 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WEEKLEY, RODNEY A
14923 CHESTNUT LN
TAVARES, FL 32778 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: PT
Name: WEEKLEY, RODNEY A
Address: 15923 CHESTNUT LN
City-St-Zip: TAVARES, FL 32778

Title: VS
Name: SCHAEFER, GARY M
Address: 335 AMESBURY CT
City-St-Zip: LONGWOOD, FL 32779

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: RODNEY A. WEEKLEY PRES 04/29/2011

Electronic Signature of Signing Officer or Director Date