

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000078847

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: ISLANDER LANDSCAPING & NURSERY INC

**Current Principal Place of Business:**

17192 HIGHWAY 331 SOUTH  
FREEPORT, FL 32439

**New Principal Place of Business:**

**Current Mailing Address:**

17192 HIGHWAY 331 SOUTH  
FREEPORT, FL 32439

**New Mailing Address:**

FEI Number: 20-1227761

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

THOMPSON, BETTI-ANN  
17192 HWY 331 S  
FREEPORT, FL 32439 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: PT ( ) Delete  
Name: THOMPSON, ANDRE  
Address: 17192 HWY 331 S  
City-St-Zip: FREEPORT, FL 32439

Title: VPS ( ) Delete  
Name: THOMPSON, BETTI-ANN  
Address: 17192 HWY 331 S  
City-St-Zip: FREEPORT, FL 32439

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: ANDRE THOMPSON

P

04/22/2009

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

\_\_\_\_\_  
Date