

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000092930

FILED  
Mar 17, 2009  
Secretary of State

Entity Name: BRONSON HEIGHTS FAMILY NURSERY INC

## Current Principal Place of Business:

10431 NE HIGHWAY 27 ALTERNATE  
BRONSON, FL 32621 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 1635  
NEW BERRY, FL 32621 US

## New Mailing Address:

FEI Number: 20-1270468

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FLORES, GERARDO  
10431 NE HIGHWAY 27 ALTERNATE  
BRONSON, FL 32621 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: PD ( ) Delete  
Name: FLORES, GERARDO  
Address: 10431 NE HIGHWAY 27 ALTERNATE  
City-St-Zip: BRONSON, FL 32621 US

Title: VD ( ) Delete  
Name: FLORES, FIDEL  
Address: 10431 NE HIGHWAY 27 ALTERNATE  
City-St-Zip: BRONSON, FL 32621 US

Title: TD ( ) Delete  
Name: FLORES, VALENTIN  
Address: 10431 NE HIGHWAY 27 ALTERNATE  
City-St-Zip: BRONSON, FL 32621 US

Title: SD ( ) Delete  
Name: FLORES, ADELAIDA  
Address: 10431 NE HIGHWAY 27 ALTERNATE  
City-St-Zip: BRONSON, FL 32621 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GERARDO FLORES

PD

03/17/2009

Electronic Signature of Signing Officer or Director

Date