2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2010
Secretary of State

DOCUMENT# P04000092930

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:

PO BOX 1635
NEW BERRY, FL 32669 US

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

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

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

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

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: GERARDO FLORES MR 04/29/2010

Electronic Signature of Signing Officer or Director Date