

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000149939

Entity Name: MERLYN NURSERIES, INC.

**FILED**  
**Jan 13, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

5030 S.W. 188TH AVENUE  
SW RANCHES, FL 33332

**New Principal Place of Business:**

**Current Mailing Address:**

5030 S.W. 188TH AVENUE  
SW RANCHES, FL 33332

**New Mailing Address:**

FEI Number: 20-1835820

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MURPHY, MAUREEN  
5030 S.W. 188TH AVENUE  
SW RANCHES, FL 33332 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: D  
Name: MURPHY, MAUREEN  
Address: 5030 S.W. 188TH AVENUE  
City-St-Zip: SW RANCHES, FL 33332

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: MAUREEN MURPHY

D

01/13/2010

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

\_\_\_\_\_  
Date