## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000034721

Entity Name: WHITE KRANE NURSERY, INC.

FILED Apr 22, 2009 Secretary of State

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Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:		
1901 MYAKKA RD. SARASOTA, FL 34240				7405 STARFISH DRIVE SARASOTA, FL 34231		
Current N	lailing Addres	s:	New Maili	New Mailing Address:		
1901 MYA SARASOT	KKA RD. 「A, FL 34240			7405 STARFISH DRIVE SARASOTA, FL 34231		
FEI Number	: 20-2455232	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and	d Address of C	urrent Registered Agent:	Name and	Address of N	lew Registered Agent:	
KRANE, KEITH L 1901 MYAKKA RD. SARASOTA, FL 34240 US			7405 SŤAF	KRANE, KEITH L 7405 STARFISH DRIVE SARASOTA, FL 34231 US		
	e named entity s e of Florida.	ubmits this statement for the	purpose of changing i	ts registered o	office or registered agent, or both,	
SIGNATUI	RE:				04/22/2009	
	Electron	ic Signature of Registered Ag	jent		Date	
Election Ca	mpaign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	P () KRANE, KEITH 1901 MYAKKA I SARASOTA, FL	RD.	Title: Name: Address: City-St-Zip:	P (X KRANE, KEITH 7405 STARFISI SARASOTA, FL	H DRIVE	
Title: Name: Address: City-St-Zip:	V () AMOS, RICHAR 1901 MYAKKA F SARASOTA, FL	ROAD	Title: Name: Address: City-St-Zip:	VP (X KRANE, TYA M 7405 STARFIS SARASOTA, FL	H DRIVE	
Title: Name: Address: City-St-Zip:	V (X) KRANE, TYA M 1901 MYAKKA I SARASOTA, FL		Title: Name: Address: City-St-Zip:		) Change ()Addition	
Title: Name: Address: City-St-Zip:	VP (X) AMOS, MARY E 1901 MYAKKA I SARASOTA, FL	RD	Title: Name: Address: City-St-Zip:	( )	) Change()Addition	

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: KEITH KRANE PRES 04/22/2009