

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000045889

**Entity Name:** DAM NURSERY, INC.

**FILED**  
**Mar 16, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

18201 SW 70TH PLACE  
SW RANCHES, FL 33331

**New Principal Place of Business:**

**Current Mailing Address:**

18201 SW 70TH PLACE  
SW RANCHES, FL 33331

**New Mailing Address:**

**FEI Number:** 20-3266188

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RONCA, PAUL  
17912 NW 11 STREET  
PEMBROKE PINES, FL 33029 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:** P  
**Name:** CORBITT, MORRIS E. III  
**Address:** 18201 SW 70TH PLACE  
**City-St-Zip:** SW RANCHES, FL 33331

**Title:** ST  
**Name:** CORBITT, DALTON  
**Address:** 18201 SW 70TH PLACE  
**City-St-Zip:** SW RANCHES, FL 33331

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:** MORRIS CORBITT

P

03/16/2010

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

\_\_\_\_\_  
Date