

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000047877

FILED
Feb 13, 2009
Secretary of State

Entity Name: FLORIDA WHOLESale NURSERY, INC.

Current Principal Place of Business:

6240 EAST ARBUCKLE ROAD
AVON PARK, FL 33825 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1705
AVON PARK, FL 33826 US

New Mailing Address:

FEI Number: 20-2594486

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YANY, SUSAN
2211 SAN SEBASTIAN DRIVE
BIG PINE KEY, FL 33043 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 D () Delete
Name: YANY, WILLIAM
Address: 113 NW 99TH WAY
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: VP D () Delete
Name: YANY, E. WILLIAM
Address: 2211 SAN SEBASTIAN DRIVE
City-St-Zip: BIG PINE KEY, FL 33043 US

Title: S D () Delete
Name: YANY, SUSAN
Address: 2211 SAN SEBASTIAN DRIVE
City-St-Zip: BIG PINE KEY, FL 33043 US

Title: T D () Delete
Name: YANY, TAMMY
Address: 113 NW 99TH WAY
City-St-Zip: CORAL SPRINGS, FL 33071 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: SUSAN YANY

SD

02/13/2009

Electronic Signature of Signing Officer or Director

Date