

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000004681

Entity Name: JOHN'S NURSERY 210, INC.

FILED  
May 01, 2009  
Secretary of State

## Current Principal Place of Business:

4165 COUNTY ROAD 210 WEST  
JACKSONVILLE, FL 32202

## New Principal Place of Business:

## Current Mailing Address:

4165 COUNTY ROAD 210 WEST  
JACKSONVILLE, FL 32202

## New Mailing Address:

FEI Number: 20-4091488

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BROOKS, MICHAEL L  
400 B EAST MONROE STREET  
JACKSONVILLE, FL 32202 US

## Name and Address of New Registered Agent:

SMITH, JASON M VP  
407 20TH STREET  
ST. AUGUSTINE, FL 32084 US

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: JASON M. SMITH

05/01/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GRACY, JOHN M  
Address: 28 N. WILDERNESS TRAIL  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VP ( ) Delete  
Name: SMITH, JASON M  
Address: 401 20TH STREET  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: T ( ) Delete  
Name: TUTEN, CHRISTOPHER F  
Address: 12241 GOVERNORS DRIVE W.  
City-St-Zip: JACKSONVILLE, FL 32223

## 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:

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: JASON M. SMITH

VP

05/01/2009

Electronic Signature of Signing Officer or Director

Date