

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000013168

FILED
Feb 06, 2008
Secretary of State

Entity Name: FULL MOON ACRES NURSERY INCORPORATED

Current Principal Place of Business:

13089 41ST LANE NORTH
ROYAL PALM BEACH, FL 33411

New Principal Place of Business:

11200 S.W. FOX BROWN ROAD
INDIANTOWN, FL 34956

Current Mailing Address:

13089 41ST LANE NORTH
ROYAL PALM BEACH, FL 33411

New Mailing Address:

11200 S.W. FOX BROWN ROAD
INDIANTOWN, FL 34956

FEI Number: 56-2557979

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAWKINS, RICHARD
13089 41ST LANE NORTH
ROYAL PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

HAWKINS, RICHARD
11200 S.W. FOX BROWN ROAD
INDIANTOWN, FL 34956 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: RICHARD HAWKINS

02/06/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAWKINS, RICHARD
Address: 13089 41ST LANE NORTH
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: ST () Delete
Name: HAWKINS, KEIRA
Address: 13089 41ST LANE NORTH
City-St-Zip: ROYAL PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HAWKINS, RICHARD
Address: 11200 S.W. FOX BROWN ROAD
City-St-Zip: INDIANTOWN, FL 34956

Title: ST (X) Change () Addition
Name: HAWKINS, KEIRA
Address: 11200 S.W. FOX BROWN ROAD
City-St-Zip: INDIANTOWN, FL 34956

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: KEIRA HAWKINS

ST

02/06/2008

Electronic Signature of Signing Officer or Director

Date