

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000013168

FILED
Apr 15, 2009
Secretary of State

Entity Name: FULL MOON ACRES NURSERY INCORPORATED

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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
11200 S.W. FOX BROWN ROAD
INDIANTOWN, FL 34956 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 () Delete
Name: HAWKINS, RICHARD
Address: 11200 S.W. FOX BROWN ROAD
City-St-Zip: INDIANTOWN, FL 34956

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: KEIRA HAWKINS

ST

04/15/2009

Electronic Signature of Signing Officer or Director

Date