

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000066863

FILED
Apr 30, 2008
Secretary of State

Entity Name: GREEN HAND NURSERY, INC.

Current Principal Place of Business:

16294 134TH TERRACE NORTH
JUPITER, FL 33478

New Principal Place of Business:

8301 SW CATTLEYA DRIVE
STUART, FL 34997

Current Mailing Address:

16294 134TH TERRACE NORTH
JUPITER, FL 33478

New Mailing Address:

8301 SW CATTLEYA DRIVE
STUART, FL 34997

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIGNONE, ROBERTO V
16294 134TH TERRACE NORTH
JUPITER, FL 33478 US

Name and Address of New Registered Agent:

MIGNONE, ROBERTO V
8301 SW CATTLEYA DRIVE
STUART, FL 34997 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: ROBERTO MIGNONE

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MIGNONE, ROBERTO V
Address: 16294 134TH TERRACE NORTH
City-St-Zip: JUPITER, FL 33478

Title: ST () Delete
Name: MIGNONE, CHERYLE S
Address: 16294 134TH TERRACE NORTH
City-St-Zip: JUPITER, FL 33478

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MIGNONE, ROBERTO V
Address: 8301 SW CATTLEYA DRIVE
City-St-Zip: STUART, FL 34997

Title: ST (X) Change () Addition
Name: MIGNONE, CHERYLE S
Address: 8301 SW CATTLEYA DRIVE
City-St-Zip: STUART, FL 34997

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: ROBERTO MIGNONE

P

04/30/2008

Electronic Signature of Signing Officer or Director

Date