

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000082566

FILED  
Mar 27, 2009  
Secretary of State

Entity Name: HARRELSON'S NURSERY & LANDSCAPE, INC.

**Current Principal Place of Business:**

4231 KEENE ROAD  
PLANT CITY, FL 33565

**New Principal Place of Business:**

**Current Mailing Address:**

4231 KEENE ROAD  
PLANT CITY, FL 33565

**New Mailing Address:**

FEI Number: 84-1713648

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HARRELSON, BRENDA  
4231 KEENE ROAD  
PLANT CITY, FL 33565 US

**Name and Address of New Registered Agent:**

HARRELSON, BRENDA C  
4231 KEENE ROAD  
PLANT CITY, FL 33565 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: BRENDA C. HARRELSON

03/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HARRELSON, HOMER  
Address: 4231 KEENE ROAD  
City-St-Zip: PLANT CITY, FL 33565

Title: V ( ) Delete  
Name: HARRELSON, BRENDA  
Address: 4231 KEENE ROAD  
City-St-Zip: PLANT CITY, FL 33565

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: HARRELSON, HOMER L SR.  
Address: 4231 KEENE ROAD  
City-St-Zip: PLANT CITY, FL 33565

Title: VP (X) Change ( ) Addition  
Name: HARRELSON, BRENDA C  
Address: 4231 KEENE ROAD  
City-St-Zip: PLANT CITY, FL 33565

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: HOMER L. HARRELSON SR.

P

03/27/2009

Electronic Signature of Signing Officer or Director

Date