

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000115662

FILED
Apr 30, 2009
Secretary of State

Entity Name: HAMMOCK GARDENS NURSERY, INC.

Current Principal Place of Business:

5208 N OCEANSHORE BLVD
PALM COAST, FL 321373209

New Principal Place of Business:

Current Mailing Address:

5208 N OCEANSHORE BLVD
PALM COAST, FL 321373209

New Mailing Address:

FEI Number: 06-1791260

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FONSECA, MICHAEL
42 PACIFIC DR
PALM COAST, FL 32164 US

Name and Address of New Registered Agent:

FONSECA, MICHAEL J PRES.
42 PACIFIC DR
PALM COAST, FL 32164 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: JANINE REGINA

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: FONSECA, MICHAEL
Address: 42 PACIFIC DR
City-St-Zip: PALM COAST, FL 32164

Title: VP () Delete
Name: REGINA, DOMINICK
Address: 4 MEDFORD DR
City-St-Zip: PALM COAST, FL 32137

Title: S (X) Delete
Name: REGINA, JANINE
Address: 42 PACIFIC DR
City-St-Zip: PALM COAST, FL 32164

Title: T (X) Delete
Name: REGINA, THERESA
Address: 4 MEDFORD DR
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: FONSECA, MICHAEL J
Address: 42 PACIFIC DR
City-St-Zip: PALM COAST, FL 32164

Title: S (X) Change () Addition
Name: REGINA, JANINE
Address: 42 PACIFIC DR
City-St-Zip: PALM COAST, FL 32164

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: JANINE REGINA

SECY

04/30/2009

Electronic Signature of Signing Officer or Director

Date