

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000059293

FILED
Apr 13, 2009
Secretary of State

Entity Name: HORTICULTURE RETAIL SERVICE, INC.

Current Principal Place of Business:

3317 N
PENSACOLA, FL 32505 US

New Principal Place of Business:

3317 NORTH
PENSACOLA, FL 32505 US

Current Mailing Address:

P.O. BOX 18146
PENSACOLA, FL 32523 US

New Mailing Address:

3317 NORTH
PENSACOLA, FL 32505 US

FEI Number: 26-0270439

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROGERS, DEANNA S
3147 SONYA STREET
PACE, FL 32571 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,D () Delete
Name: ROGERS, DEANNA S
Address: 3147 SONYA STREET
City-St-Zip: PACE, FL 32571 US

Title: T () Delete
Name: ROGERS, DEANNA S
Address: 3147 SONYA STREET
City-St-Zip: PACE, FL 32571 US

Title: VP () Delete
Name: CHILDRESS, WENDY M
Address: 6300 ALVARADO ROAD
City-St-Zip: PENSACOLA, FL 32504 US

Title: S () Delete
Name: AMMONS, CAROL S
Address: 4660 LANETT DRIVE
City-St-Zip: PENSACOLA, FL 32526 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CAROL AMMONS

S

04/13/2009

Electronic Signature of Signing Officer or Director

Date