

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000041254

**Entity Name:** FLOYD COVE NURSERY, INC.

**FILED**  
**Feb 03, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1036 ENTERPRISE OSTEEN ROAD  
ENTERPRISE, FL 32725 US

**New Principal Place of Business:**

**Current Mailing Address:**

1240 ENTERPRISE OSTEEN ROAD  
ENTERPRISE, FL 32725

**New Mailing Address:**

**FEI Number:** 26-2600402

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PIERCE, GUY  
1240 ENTERPRISE OSTEEN ROAD  
ENTERPRISE, FL 32725 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

**OFFICERS AND DIRECTORS:**

Title: P,T  
Name: PIERCE, GUY  
Address: 1240 ENTERPRISE OSTEEN ROAD  
City-St-Zip: ENTERPRISE, FL 32725 US

Title: VP,S  
Name: PIERCE, KAREN  
Address: 1240 ENTERPRISE OSTEEN ROAD  
City-St-Zip: ENTERPRISE, FL 32725 US

I hereby 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 all other like empowered.

SIGNATURE: KAREN PIERCE

VP

02/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date