2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# P08000089069

Entity Name: SUMMERSCAPE NURSERY, INC.

Current Principal Place of Business:

13591 NORTH MAIN STREET
JACKSONVILLE, FL 32218 US

New Principal Place of Business:

Current Mailing Address:

13591 NORTH MAIN STREET
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 26-3470288 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TAYLOR, MARCELLA A ESQUIRE
1509 FAYE ROAD
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

DOEHNE, LON S
14333 BONEY ROAD
JACKSONVILLE, FL 32226 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: LON S DOEHNE 04/15/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HAWKINS, SHEILA
Address: 1126 ARCARO COURT
City-St-Zip: JACKSONVILLE, FL 32218

Title: VP ( ) Delete
Name: HAWKINS, RAYFORD E JR.
Address: 1126 ARCARO COURT
City-St-Zip: JACKSONVILLE, FL 32218

Title: S ( ) Delete
Name: PETERS, BRIAN
Address: 11476 PRINCESSA LANE
City-St-Zip: JACKSONVILLE, FL 32218

Title: T ( ) Delete
Name: HAWKINS, RYAN
Address: 1355 ELMAR ROAD
City-St-Zip: JACKSONVILLE, FL 32218

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: LON S DOEHNE AGEN 04/15/2009
Electronic Signature of Signing Officer or Director Date