

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000105572

FILED  
Jun 03, 2009  
Secretary of State

Entity Name: WATCH ME GROW PRODUCE & NURSERY INC.

**Current Principal Place of Business:**

12491 ORANGE AVENUE  
FORT PIERCE, FL 34945 US

**New Principal Place of Business:**

**Current Mailing Address:**

12491 ORANGE AVENUE  
FORT PIERCE, FL 34945 US

**New Mailing Address:**

FEI Number: 26-3801587

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD.  
SUITE A-100  
TAMPA, FL 33612 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: PRES ( ) Delete  
Name: CANO, ARNOLD  
Address: 12491 ORANGE AVENUE  
City-St-Zip: FORT PIERCE, FL 34945 US

Title: SECR ( ) Delete  
Name: CANO, MARIA  
Address: 12491 ORANGE AVENUE  
City-St-Zip: FORT PIERCE, FL 34945 US

Title: TREA ( ) Delete  
Name: CANO, MICHAEL  
Address: 12491 ORANGE AVENUE  
City-St-Zip: FORT PIERCE, FL 34945 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:

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: ARNOLDO CANO

PRES

06/03/2009

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

\_\_\_\_\_  
Date