

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000002707

FILED  
Apr 26, 2010  
Secretary of State

**Entity Name:** TROPICAL WORLD NURSERY, INC.

**Current Principal Place of Business:**

7401 TROPICAL WORLD WAY  
BOYNTON BEACH, FL 33437

**New Principal Place of Business:**

7401 TROPICAL WORLD WAY  
BOYNTON BEACH, FL 33437 US

**Current Mailing Address:**

7401 TROPICAL WORLD WAY  
BOYNTON BEACH, FL 33437

**New Mailing Address:**

7401 TROPICAL WORLD WAY  
BOYNTON BEACH, FL 33437 US

**FEI Number:** 65-0376418

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PEARSON, C B  
7401 TROPICAL WORLD WAY  
BOYNTON BEACH, FL 33437 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:** D  
**Name:** PEARSON, C B  
**Address:** 7401 TROPICAL WORLDWAY  
**City-St-Zip:** BOYNTON BEACH, FL 33437 US

**Title:** V  
**Name:** MARINO, MICHAEL S  
**Address:** 7401 TROPICAL WORLD WAY  
**City-St-Zip:** BOYNTON BEACH, FL 33437 US

**Title:** ST  
**Name:** RODIGUES, JOSE A  
**Address:** 7401 TROPICAL WORLDWAY  
**City-St-Zip:** BOYNTON BEACH, FL 33437 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:** C BRUCE PEARSON

D

04/26/2010

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

\_\_\_\_\_  
Date