

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000014951

FILED  
Apr 20, 2011  
Secretary of State

**Entity Name:** CLINTON NURSERIES OF FLORIDA, INC.

**Current Principal Place of Business:**

1415 EAST PEIDMONT DRIVE  
SUITE 4  
TALLAHASSEE, FL 32308 US

**New Principal Place of Business:**

**Current Mailing Address:**

1415 EAST PEIDMONT DRIVE  
SUITE 4  
TALLAHASSEE, FL 32308 US

**New Mailing Address:**

**FEI Number:** 59-3167368

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BENTON, RICHARD E.  
1415 EAST PEIDMONT DRIVE  
SUITE 4  
TALLAHASSEE, FL 32308 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: PTD  
Name: RICHARDS, DAVID E  
Address: 48 SHORE ROAD  
City-St-Zip: CLINTON, CT 06413

Title: SD  
Name: RICHARDS, WARREN H  
Address: 57 SHORE ROAD  
City-St-Zip: CLINTON, CT 06413

Title: D  
Name: FRANCISCO, CHARLES  
Address: 19818 DIAMOND HILL COURT  
City-St-Zip: NORTH FORT MYERS, FL 33903

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: DAVID E. RICHARDS

PRES

04/20/2011

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

\_\_\_\_\_  
Date