2008 FOR PROFIT CORPORATION

ANNUAL REPORT (AR)

DOCUMENT # P93000056410

1. Entity Name



FILED Feb 25, 2008 08:00 AN Secretary of State

Non-Nice State	BATSON'	S GREENHOUSE, INC.			7	,	
Suita April 1, etc.	1100 NILES RD MT DORA FL 32757		P.O. BOX 1410 MT. DORA FL 32756				
Chy & State Set The Address of Country End	2. Principal Place of Business - No P.O. Box #		3. Mailing Address		•		
Security	Suite, Apt. #, etc.		Suite. Apt. #, etc.			1st MOORE CR2E034 (10/07)	
BATSON, GENE A 1100 NILES ROAD MT DORA FL 32757 8. The above named enaive submits this statement for the purpose of changing its registered agent, or coun, in the State of Florida. I am tamiliar with, and accept take obligations of registered agent. Or coun, in the State of Florida. I am tamiliar with, and accept take obligations of registered agent. Or coun, in the State of Florida. I am tamiliar with, and accept take obligations of registered agent. Or coun, in the State of Florida. I am tamiliar with, and accept take obligations of registered agent. Or coun, in the State of Florida. I am tamiliar with, and accept take obligations of registered agent. Or coun, in the State of Florida. I am tamiliar with, and accept take obligations of registered agent. Or coun, in the State of Florida. I am tamiliar with, and accept take obligations of registered agent. Or coun, in the State of Florida. I am tamiliar with, and accept take obligations of registered agent. Or coun, in the State of Florida. I am tamiliar with, and accept take obligations of registered agent. Or coun, in the State of Florida. I am tamiliar with, and accept take obligations of registered agent. Or coun, in the State of Florida. I am tamiliar with, and accept take obligations of registered agent. Or coun, in the State of Florida. I am tamiliar with, and accept take obligations of registered agent. Or coun, in the State of Florida. I am tamiliar with, and accept take obligations of registered agent. Or coun, in the State of Florida. I am tamiliar with, and accept take of Florida Defect of the State of Florida Defect of Florida Defect of the State of Flo	City & State		City & State			50 21067 <i>4</i> 5	le
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BATSON, GENE A 1100 NILES ROAD MT DORA FL 32757 City FL Zip Code		6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent	
### 1100 NILES ROAD MIT DORA FL 32757 City FL Zip Code City	DAT	CON CENE A		Name			
8. The above named entity submits this statement for the purpose of changing its registered agent, or corn, in the State of Flonda. I am familiar with, and accept the obligations of registered agent. SIGNATURE Submodulation among an accept the purpose of changing its registered agent, or corn, in the State of Flonda. I am familiar with, and accept the obligations of registered agent. Signature Submodulation among an accept the purpose of changing its registered agent, or corn, in the State of Flonda. I am familiar with, and accept the obligations of registered agent, or corn, in the State of Flonda. I am familiar with, and accept the obligations of registered agent, or corn, in the State of Flonda. I am familiar with, and accept the obligations of registered agent, or corn, in the State of Flonda. I am familiar with, and accept the obligations of registered agent, or corn, in the State of Flonda. I am familiar with, and accept the obligations of registered agent, or corn, in the State of Flonda. I am familiar with, and accept the obligations of registered agent, or corn, in the State of Flonda. I am familiar with, and accept the obligations of registered agent, or corn, in the State of Flonda. I am familiar with, and accept the obligations of registered agent, or corn, in the State of Flonda. I am familiar with, and accept the obligations of registered agent, or corn, in the State of Flonda. I am familiar with, and accept the product of the part of	1100 NILES ROAD			Street Ac	idress (I	(P.O. Box Number is Not Acceptable)	
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Make Check Payable to Florida Department of State		Signature, typed or prened liamo of registered agent	and the Emplicable. (NOTE I	Registered Agent agricului	n required	ac who i felinitating) DATE	
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13. I hereby cartify that the information supplied with this filling does not qualify for the examplians contained in Section 119. Florida Statutes, I further cartify that the information		north, that the information a range =	th this filing does not qualify for	1	ontoine	and in Scaling 110 Florida Statutop I further contifu that the information	_

I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, withall other like empowered.

SIGNATURE:

R OR DIRECTOR

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