

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P94000071821

Entity Name: SOUTHEASTERN HORTICULTURE, INC.

FILED
Jun 02, 2009
Secretary of State

Current Principal Place of Business:

9764 - 150TH CT. N.
JUPITER, FL 33478

New Principal Place of Business:

Current Mailing Address:

PO BOX 2650
JUPITER, FL 334682650

New Mailing Address:

9764 - 150TH CT. N.
JUPITER, FL 33478

FEI Number: 65-0551627

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

YARNICK, ELEANOR L
9764-150TH CT. N.
JUPITER, FL 33478 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: PTSD () Delete
Name: YARNICK, ELEANOR L
Address: 9754-150TH CT. N.
City-St-Zip: JUPITER, FL 33478

Title: VP () Delete
Name: HENRIQUES, AARON
Address: 151 SW HUNTINGTON GLENN
City-St-Zip: LAKE CITY, FL 32024 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: SCHOEN, SCOTT D
Address: 9764 - 150TH CT. N.
City-St-Zip: JUPITER, FL 33478 US

Title: VP () Change (X) Addition
Name: SCHOEN, JOSHUA L
Address: 9764 - 150TH CT N.
City-St-Zip: JUPITER, FL 33478 US

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: ELEANOR L. YARNICK

PTSD

06/02/2009

Electronic Signature of Signing Officer or Director

Date