

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000088943

Entity Name: GARDINO NURSERY CORP.

FILED
Apr 17, 2009
Secretary of State

Current Principal Place of Business:

9415 158RD SO
DELRAY BEACH, FL 33446 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 83-2024
DELRAY BEACH, FL 33483 US

New Mailing Address:

FEI Number: 65-0538941

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARDINO, IRSIDES JR
7849 VENTURE CENTER WAY 6212
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 () Delete
Name: GARDINO, IRSIDES JR
Address: 7849 VENTURE CENTER WAY #6212
City-St-Zip: BOYNTON BEACH, FL 33437

Title: P () Delete
Name: IRSIDE4S, GARDINO JR
Address: 7849 VENTURE CENTER WAY, # 6212
City-St-Zip: BOYNTON BEACH, FL 33437

Title: VP () Delete
Name: GARDINO, REGINA CECILIA
Address: 7849 VENTURE CENTER WAY, # 6212
City-St-Zip: BOYNTON BEACH, FL 33437

Title: S () Delete
Name: GARDINO, REGINA CECILIA
Address: 7849 VENTURE CENTER WAY, # 6212
City-St-Zip: BOYNTON BEACH, FL 33437

Title: T () Delete
Name: GARDINO, IRSIDES JR
Address: 7849 VENTURE CENTER WAY, # 6212
City-St-Zip: BOYNTON BEACH, FL 33437

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:

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: PAULA GARDINO

S

04/17/2009

Electronic Signature of Signing Officer or Director

Date