

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000000636

Entity Name: MCCORMACK NURSERY, INC.

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

22400 CR 455
HOWEY IN THE HILLS, FL 347374518 US

New Principal Place of Business:

Current Mailing Address:

MCCORMACK NURSERY, INC
22400 CR 455
HOWEY IN THE HILLS, FL 34737 US

New Mailing Address:

22400 CR 455
HOWEY IN THE HILLS, FL 347374518 US

FEI Number: 59-3289830

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCORMACK, TIMOTHY
22400 C.R. 455
HOWEY-IN-THE-HILLS, FL 34737 US

Name and Address of New Registered Agent:

MCCORMACK, TIMOTHY
11321 VALLEY VIEW DRIVE
HOWEY-IN-THE-HILLS, FL 34737 US

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:

04/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCCORMACK, TIMOTHY
Address: 22400 COUNTY ROAD 455
City-St-Zip: HOWEY IN THE HILLS, FL 34737

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCCORMACK, TIMOTHY L
Address: 11321 VALLEY VIEW DRIVE
City-St-Zip: HOWEY IN THE HILLS, FL 34737

Title: VP () Change (X) Addition
Name: MCCORMACK, GLENDA S
Address: 22402 CR 455
City-St-Zip: HOWEY IN THE HILLS, FL 34737

Title: S/T () Change (X) Addition
Name: MCCORMACK, SANDRA H
Address: 11321 VALLEY VIEW DRIVE
City-St-Zip: HOWEY IN THE HILLS, FL 34737

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: TIMOTHY L. MCCORMACK

PRES

04/16/2009

Electronic Signature of Signing Officer or Director

Date