

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000060219

FILED  
Jan 13, 2009  
Secretary of State

Entity Name: GREEN SEASONS NURSERY, INC.

## Current Principal Place of Business:

12340 SR 62  
PARRISH, FL 34219 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 539  
PARRISH, FL 34219 US

## New Mailing Address:

FEI Number: 65-0585900

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOLDREN, RONALD M  
3704 45TH ST EAST  
BRADENTON, FL 34208 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: HOLDREN, RONALD M  
Address: 3704 45TH ST E  
City-St-Zip: BRADENTON, FL 34208

Title: D ( ) Delete  
Name: TRIPLETT, ROGER E  
Address: 5403 RED ROOSTER RD  
City-St-Zip: PARRISH, FL 34219

Title: S ( ) Delete  
Name: TRIPLETT, VICKI H  
Address: 5403 RED ROOSTER RD.  
City-St-Zip: PARRISH, FL 34219

## 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:

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: VICKI H. TRIPLETT

S

01/13/2009

Electronic Signature of Signing Officer or Director

Date