

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000094335

FILED
Jul 07, 2008
Secretary of State

Entity Name: SUNCREST NURSERY, INC.

Current Principal Place of Business:

15291 S MALLARD LN
FT. MYERS, FL 33912

New Principal Place of Business:

15291 S MALLARD LN
FT. MYERS, FL 33913 US

Current Mailing Address:

P O BOX 986
ESTERO, FL 33928

New Mailing Address:

P O BOX 986
ESTERO, FL 33928 US

FEI Number: 65-0583399

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HINDERMAN, DEAN
9115 FRANK ROAD
FT. MYERS, FL 33912 US

Name and Address of New Registered Agent:

HINDERMAN, DEAN
9115 FRANK ROAD
FT. MYERS, FL 33967 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:

07/07/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: HINDERMAN, DEAN
Address: 9115 FRANK ROAD
City-St-Zip: FORT MYERS, FL 33912

Title: D () Delete
Name: HINDERMAN, RYAN
Address: 9195 CROCUS CT
City-St-Zip: FT. MYERS, FL

Title: D () Delete
Name: HINDERMAN, SARA
Address: 9195 CROCUS CT
City-St-Zip: FORT MYERS, FL

Title: VS () Delete
Name: HINDERMAN, CHERYL R
Address: 9115 FRANK RD
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: HINDERMAN, DEAN
Address: 9115 FRANK ROAD
City-St-Zip: FORT MYERS, FL 33967 US

Title: D (X) Change () Addition
Name: HINDERMAN, RYAN
Address: 9195 CROCUS CT
City-St-Zip: FT. MYERS, FL 33967 US

Title: D (X) Change () Addition
Name: HINDERMAN, SARA
Address: 9195 CROCUS CT
City-St-Zip: FORT MYERS, FL 33967 US

Title: VS (X) Change () Addition
Name: HINDERMAN, CHERYL R
Address: 9115 FRANK RD
City-St-Zip: FORT MYERS, FL 33967 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: DEAN V HINDERMAN

PRES

07/07/2008

Electronic Signature of Signing Officer or Director

Date