

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 08:00 A
Secretary of State

DOCUMENT # P96000000180	
1. Entity Name EMERALD HILL NURSERY, INC.	

Principal Place of Business 1907 NORTH HAWK GRIFFIN ROAD PLANT CITY, FL 33565	Mailing Address 1907 NORTH HAWK GRIFFIN ROAD PLANT CITY, FL 33565
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3357381	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HAGGARD, JAMES B 1907 N HAWK GRIFFIN ROAD PLANT CITY, FL 33565	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when restate)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAGGARD, JAMES B 1907 N. HAWK GRIFFIN RD PLANT CITY, FL 33565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAGGARD, PATRICIA A 1907 N HAWK GRIFFIN RD PLANT CITY, FL 33565
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01/17/08-80007-006 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>James B Haggard</u> <u>James B Haggard</u> <u>1-13-08</u> <u>813-254-4751</u>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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