

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000066935

Entity Name: PAT'S NURSERY, INC.

FILED
Mar 31, 2009
Secretary of State

Current Principal Place of Business:

7060 HWY 17
GREEN COVE SPRINGS, FL 32043 US

New Principal Place of Business:

7060 HWY 17
FLEMING ISLAND, FL 32003 US

Current Mailing Address:

2628 SANDLEWOOD CIRCLE
ORANGE PARK, FL 32065

New Mailing Address:

FEI Number: 59-3405407 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STUCKEY, CURTIS P.
2628 SANDLEWOOD CIR
ORANGE PARK, FL 32065 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: DP () Delete
Name: STUCKEY, CURTIS P
Address: 2628 SANDLEWOOD CIRCLE
City-St-Zip: ORANGE PARK, FL

Title: VPFS () Delete
Name: STUCKEY, LINDA D.
Address: 2628 SANDLEWOOD CIR
City-St-Zip: ORANGE PARK, FL

Title: VP () Delete
Name: STUCKEY, ALAN B.
Address: 534 LAUREL GROVE LANE
City-St-Zip: ORANGE PARK, FL 32043

Title: VP () Delete
Name: STUCKEY, CHARLES L.
Address: 6731 PETER PAN PLACE
City-St-Zip: JACKSONVILLE, FL 32244

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:

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: LINDA D. STUCKEY

VPFS

03/31/2009

Electronic Signature of Signing Officer or Director

Date