## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000013109

City-St-Zip:

MASCOTTE, FL 34753

Entity Name: SMITH'S NURSERY OF CENTRAL FLORIDA, INC.

FILED Mar 05, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	NTIC AVE TE, FL 34753				
Current Mailing Address:			New Mailing Address:		
	NTIC AVE TE, FL 34753				
FEI Number	r: 59-3492518	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
	REW NTIC AVE TE, FL 34753	US			
	e named entity s e of Florida.	ubmits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
	Electroni	c Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () SMITH, A.K. 115 ATLANTIC A MASCOTTE, FL		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () SMITH, DREW 3311 CLAY AVE ORLANDO, FL		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	S () BALL, JENNIFEI 300 ATLANTIC A		Title: Name: Address:	( ) Change ( ) Addition	

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.

City-St-Zip:

SIGNATURE: DREW P. SMITH D 03/05/2009