2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2011
Secretary of State

DOCUMENT# P98000013109

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

Current Principal Place of Business:

115 ATLANTIC AVE
MASCOTTE, FL 34753

New Principal Place of Business:

Current Mailing Address:

115 ATLANTIC AVE
MASCOTTE, FL 34753

New Mailing Address:

FEI Number: 59-3492518 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, DREW
115 ATLANTIC AVE
MASCOTTE, FL 34753 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

OFFICERS AND DIRECTORS:

Title: D
Name: SMITH, A.K.
Address: 115 ATLANTIC AVE
City-St-Zip: MASCOTTE, FL 34753

Title: D
Name: SMITH, DREW
Address: 3311 CLAY AVE
City-St-Zip: ORLANDO, FL 32804

Title: S
Name: BALL, JENNIFER L
Address: 300 ATLANTIC AVE
City-St-Zip: MASCOTTE, FL 34753

I hereby 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 all other like empowered.

SIGNATURE: JENNIFER L. BALL S 04/07/2011

Electronic Signature of Signing Officer or Director Date