2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 24, 2009
Secretary of State

DOCUMENT# P98000025075

Entity Name: PINE LAKE NURSERY & LANDSCAPE, INC.

Current Principal Place of Business:

19619 N. DALE MABRY HWY
LUTZ, FL 33548

New Principal Place of Business:

Current Mailing Address:

19619 N. DALE MABRY HWY
LUTZ, FL 33548

New Mailing Address:

FEI Number: 59-3499734 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTINEZ, IVAN ORELSO
19619 N. DALE MABRY HWY
LUTZ, FL 33548 US

Name and Address of New Registered Agent:

MARTINEZ, IVAN O P
19619 N. DALE MABRY HWY
LUTZ, FL 33548 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: IVAN O MARTINEZ 11/24/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MARTINEZ, IVAN ORELSO
Address: 19619 N DALE MABRY HWY
City-St-Zip: LUTZ, FL 33548

Title: VP (X) Delete
Name: MARTINEZ, WILLIAM
Address: 19619 N DALE MABRY HWY
City-St-Zip: LUTZ, FL 33548

Title: TS ( ) Delete
Name: MARTINEZ, MARIA A
Address: 19619 N DALE MABRY HWY
City-St-Zip: LUTZ, FL 33558

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MARTINEZ, IVAN O P
Address: 19619 N DALE MABRY HWY
City-St-Zip: LUTZ, FL 33548

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: IVAN O MARTINEZ P 11/24/2009
Electronic Signature of Signing Officer or Director Date