

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000047426

FILED  
Mar 17, 2009  
Secretary of State

Entity Name: DESIGN SCAPES NURSERY, INC.

## Current Principal Place of Business:

7840 FRUITVILLE RD  
SARASOTA, FL 34240

## New Principal Place of Business:

7840 FRUITVILLE ROAD  
SARASOTA, FL 34240

## Current Mailing Address:

7840 FRUITVILLE RD  
SARASOTA, FL 34240

## New Mailing Address:

7840 FRUITVILLE ROAD  
SARASOTA, FL 34240

FEI Number: 65-0845493

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GICZEWSKI, JAMES ROBERT  
7840 FRUITVILLE RIAD  
SARASOTA, FL 34240 US

## Name and Address of New Registered Agent:

GICZEWSKI, JAMES ROBERT  
7840 FRUITVILLE ROAD  
SARASOTA, FL 34240 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:

03/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GICZEWSKI, JAMES R  
Address: 2111 PALM VIEW ROAD  
City-St-Zip: SARASOTA, FL 34240

Title: S/T ( ) Delete  
Name: GICZEWSKI, MARIA L  
Address: 211 PALM VIEW ROAD  
City-St-Zip: SARASOTA, FL 34240

Title: D ( ) Delete  
Name: GICZEWSKI, ROBERT J  
Address: 4865 DEER RIDGE DRIVE SOUTH  
City-St-Zip: CARMEL, IN 46033

Title: D ( ) Delete  
Name: GICZEWSKI, MARY G  
Address: 4865 DEER RIDGE DRIVE SOUTH  
City-St-Zip: CARMEL, IN 46033

## 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: JAMES R. GICZEWSKI

PRES

03/17/2009

Electronic Signature of Signing Officer or Director

Date