

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000067717

FILED
Apr 22, 2008
Secretary of State

Entity Name: PINE RIDGE ROAD NURSERY, INC.

Current Principal Place of Business:

16407 PINE RIDGE ROAD
FORT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 07082
FORT MYERS, FL 33919

New Mailing Address:

FEI Number: 65-0854140

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VOELLINGER, MILLA P
821 SUNSET VISTA DRIVE
FORT MYERS, FL 33919 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: PVP () Delete
Name: VOELLINGER, RICHARD
Address: 821 SUNSET VISTA DR
City-St-Zip: FT MYERS, FL 33919

Title: ST () Delete
Name: VOELLINGER, MILLA P
Address: 821 SUNSET VISTA DR
City-St-Zip: FT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MILLA P. VOELLINGER

ST

04/22/2008

Electronic Signature of Signing Officer or Director

_____ Date