

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000000180

**Entity Name:** PAT FORD'S NURSERY, INC.

**FILED**  
**Jan 10, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

8400 96TH CT. SOUTH  
BOYNTON BEACH, FL 33472

**New Principal Place of Business:**

**Current Mailing Address:**

8400 96TH CT. SOUTH  
BOYNTON BEACH, FL 33472

**New Mailing Address:**

**FEI Number:** 65-0899179

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FORD, PAT  
8400 96TH CT. STREET  
BOYNTON BEACH, FL 33472 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: PD  
Name: FORD, PATRICK J  
Address: 8400 96TH CT. SOUTH  
City-St-Zip: BOYNTON BEACH, FL 33472

Title: T  
Name: FORD, ALLYSON I  
Address: 8400 96TH COURT SOUTH  
City-St-Zip: BOYNTON BEACH, FL 334724404

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: PATRICK J FORD

PRES

01/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date