2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2009
Secretary of State

DOCUMENT# P99000077748

Entity Name: PALMS ISLAND NURSERY, INC.

Current Principal Place of Business:

2100 SW 127TH AVE
DAVIE, FL 33325

New Principal Place of Business:

Current Mailing Address:

2100 SW 127TH AVE
DAVIE, FL 33325

New Mailing Address:

17768 NW 62ND AVE
ALACHUA, FL 32615

FEI Number: 65-0946551 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASTANO, CLARA I
2100 SW 127TH AVE
DAVIE, FL 33325 US

Name and Address of New Registered Agent:

CASTANO, CLARA I
17768 NW 62ND AVE
ALACHUA, FL 32615 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: _____ 09/08/2009
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CASTANO, CLARA I
Address: 2100 SW 127TH AVE
City-St-Zip: DAVIE, FL 33325

Title: V ( ) Delete
Name: CASTANO, FRANCIS F
Address: 2100 SW 127TH AVE
City-St-Zip: DAVIE, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CASTANO, CLARA I
Address: 17768 NW 62ND AVE
City-St-Zip: ALACHUA, FL 32615

Title: V (X) Change ( ) Addition
Name: CASTANO, FRANCIS F
Address: 17768 NW 62ND AVE
City-St-Zip: ALACHUA, FL 32615

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: CLARA CASTANO PD 09/08/2009
Electronic Signature of Signing Officer or Director — Date