

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000096085

FILED  
Apr 01, 2009  
Secretary of State

Entity Name: CLINTMOORE HERITAGE NURSERY, INC.

## Current Principal Place of Business:

10716 HERITAGE FARM ROAD  
LAKE WORTH, FL 33467

## New Principal Place of Business:

10716 HERITAGE FARMS ROAD  
LAKE WORTH, FL 33467 US

## Current Mailing Address:

% MARIO G. DE MENDOZA, III, P.A.  
12765 FOREST HILL BLVD, STE. 1302  
WELLINGTON, FL 33414

## New Mailing Address:

% MARIO G. DE MENDOZA, III, P.A.  
12765 FOREST HILL BLVD, STE. 1302  
WELLINGTON, FL 33414 US

FEI Number: 65-0961302

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MENDOZA, MARIO G P.A.  
12765 FOREST HILL BLVD.  
STE. 1302  
WELLINGTON, FL 33414 US

## Name and Address of New Registered Agent:

MARIO G. DE MENDOZA, III, P.A.  
12765 FOREST HILL BLVD.  
STE. 1302  
WELLINGTON, FL 33414 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: MARIO G. DE MENDOZA, III

04/01/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: EBERSOLD, RICHARD R  
Address: 10716 HERITAGE FARM RD  
City-St-Zip: LAKE WORTH, FL 33467

Title: V ( ) Delete  
Name: EBERSOLD, MARK  
Address: 10716 HERITAGE FARM ROAD  
City-St-Zip: LAKE WORTH, FL 33467

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition  
Name: EBERSOLD, RICHARD R  
Address: 10716 HERITAGE FARMS RD  
City-St-Zip: LAKE WORTH, FL 33467 US

Title: VTD (X) Change ( ) Addition  
Name: EBERSOLD, MARK R  
Address: 10716 HERITAGE FARMS ROAD  
City-St-Zip: LAKE WORTH, FL 33467 US

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: RICHARD R. EBERSOLD

PRES

04/01/2009

Electronic Signature of Signing Officer or Director

Date