

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000103148

FILED
Mar 07, 2008
Secretary of State

Entity Name: ORANGE GATE NURSERY, INC.

Current Principal Place of Business:

13736 STRINGFELLOW ROAD
BOKEELIA, FL 33922

New Principal Place of Business:

Current Mailing Address:

16262 ANTIGUA WAY
BOKEELIA, FL 33922

New Mailing Address:

8545 YUKON
ST. JAMES CITY, FL 33956

FEI Number: 65-0965586

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAPMAN, G. BRUCE
16262 ANTIGUA WAY
BOKEELIA, FL 33922 US

Name and Address of New Registered Agent:

CHAPMAN, BRYAN
8545 YUKON
ST. JAMES CITY, FL 33956 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: BRYAN CHAPMAN

03/07/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVP () Delete
Name: CHAPMAN, G BRUCE
Address: 16262 ANTIGUA WAY
City-St-Zip: BOKEELIA, FL 33922

Title: T () Delete
Name: CHAPMAN, BRYAN K
Address: 8341 SW 14TH STREET
City-St-Zip: MIAMI, FL 33144

Title: S () Delete
Name: CHAPMAN, BRYAN K
Address: 8341 SW 14TH ST
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVP (X) Change () Addition
Name: CHAPMAN, BRYAN
Address: 8545 YUKON
City-St-Zip: ST. JAMES CITY, FL 33956

Title: T (X) Change () Addition
Name: CHAPMAN, BRYAN K
Address: 8545 YUKON
City-St-Zip: ST. JAMES CITY, FL 33956

Title: S (X) Change () Addition
Name: CHAPMAN, BRYAN K
Address: 8545 YUKON
City-St-Zip: ST. JAMES CITY, FL 33956

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: BRYAN CHAPMAN

PVP

03/07/2008

Electronic Signature of Signing Officer or Director

Date