

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S76480

FILED  
Apr 05, 2009  
Secretary of State

Entity Name: MUELLERS EAGLE PASS NURSERY, INC.

**Current Principal Place of Business:**

1900 EAGLE PASS RD  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

1900 EAGLE PASS RD  
OVIEDO, FL 32765

**New Mailing Address:**

FEI Number: 59-3074693

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MUELLER, RUDOLF O.  
1900 EAGLE PASS ROAD  
OVIEDO, FL 32765 US

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

MUELLER, R. O DPTS  
1900 EAGLE PASS ROAD  
OVIEDO, FL 32765 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: R. O. MUELLER

04/05/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPTS ( ) Delete  
Name: MUELLER, RUDOLF O.  
Address: 811 DEBBY DRIVE  
City-St-Zip: CASSELBERRY, FL 32707

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPTS (X) Change ( ) Addition  
Name: MUELLER, R. O DPTS  
Address: 811 DEBBY DRIVE  
City-St-Zip: CASSELBERRY, FL 32707

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: R. O. MUELLER

DPTS

04/05/2009

Electronic Signature of Signing Officer or Director

Date