

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S97524

FILED
Feb 27, 2009
Secretary of State

Entity Name: HAZELTINE NURSERIES, INC.

Current Principal Place of Business:

2401 N RIVER RD
VENICE, FL 34292 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 236
VENICE, FL 34284 US

New Mailing Address:

FEI Number: 65-0300478 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOONE, STEPHEN K
1001 AVENJDA DEL CIRCO
VENICE, FL 34285 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HAZELTINE, STEPHEN L, .
Address: % 2401 N RIVER RD
City-St-Zip: VENICE, FL

Title: VSD () Delete
Name: HAZELTINE, MICHELLE,
Address: % 2401 N RIVER RD
City-St-Zip: VENICE, FL

Title: TD () Delete
Name: TRUESDALE, THOMAS
Address: % 2401 N RIVER RD
City-St-Zip: VENICE, FL

Title: V () Delete
Name: BRUMMETT, KIRK
Address: %2401 N RIVER RD
City-St-Zip: VENICE, FL 34284

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHELLE HAZELTINE

VSD

02/27/2009

Electronic Signature of Signing Officer or Director

_____ Date