

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V39829

FILED
Apr 05, 2009
Secretary of State

Entity Name: SAND RIDGE NURSERY, INC.

Current Principal Place of Business:

3520 MOUNT PISGAH ROAD
FORT MEADE, FL 33841

New Principal Place of Business:

Current Mailing Address:

3520 MOUNT PISGAH ROAD
FORT MEADE, FL 33841

New Mailing Address:

FEI Number: 65-0347382

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PUTNEL, CLIFFORD WAYNE
3520 MOUTN PISGAH ROAD
FORT MEADE, FL 33841 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: D () Delete
Name: PUTNEL, CLIFFORD WAY, NE
Address: 3520 MT. PISGAH ROAD
City-St-Zip: FORT MEADE, FL 33841 US

Title: ST () Delete
Name: PUTNEL, EDITH
Address: 3520 MT PISGAH RD
City-St-Zip: FT MEADE, FL 33841 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: CLIFFORD WAYNE PUTNEL

PRES

04/05/2009

Electronic Signature of Signing Officer or Director

Date