

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04366

**Entity Name:** HIGHWOODS NURSERY, INC.

**Current Principal Place of Business:**

2712 RIFLE RANGE RD  
WINTER HAVEN, FL 33880

**Current Mailing Address:**

PO BOX 52  
HORSESHOE BEACH, FL 32648

**FEI Number:** 59-2042434

**Certificate of Status Desired:** No

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

BEHNKE, MICHAEL A.  
190 10TH AVE. WEST  
HORSESHOE BEACH, FL 32648 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PD  
Name BEHNKE, MICHAEL A.  
Address 144 N. RIFLE RANGE RD.  
City-State-Zip: WINTER HAVEN FL 33880

*I hereby 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 all other like empowered.*

**SIGNATURE:** MICHAEL A BEHNKE

**PRESIDENT**

**03/18/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date