

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F33820

Entity Name: ELLENTON NURSERY, INC.

Current Principal Place of Business:

BOX 416
PARRISH, FL 34219

Current Mailing Address:

BOX 416
PARRISH, FL 34219

FEI Number: 59-2112101

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TRACE, CRAIG J
3203 97TH AVENUE EAST
PARRISH, FL 34219 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 DST
Name TRACE, PRISILLA L
Address 3203 97TH AVENUE EAST
City-State-Zip: PARRISH FL 34219

Title DP
Name TRACE, CRAIG J
Address 3203 97TH AVENUE EAST
City-State-Zip: PARRISH FL 34219

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: PRISCILLA TRACE

OFFICER

02/05/2017

Electronic Signature of Signing Officer/Director Detail

Date