

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G15854

**Entity Name:** SUN HARBOR NURSERY & LANDSCAPING COMPANY

**Current Principal Place of Business:**

920 EAST EAU GALLIE BOULEVARD  
INDIAN HARBOUR BEACH, FL 32937

**Current Mailing Address:**

205 ALLAN LN.  
MELBOURNE BEACH, FL 32951 US

**FEI Number:** 59-2250030

**Certificate of Status Desired:** No

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

GROVER, DAVID W.  
920 E. EAU GALLIE CSWY.  
INDIAN HARBOUR BEACH, FL 32937 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           PTD  
Name           GROVER, DAVID W.  
Address        205 ALLAN LN  
City-State-Zip: MELBOURNE BEACH FL 32951

Title           VSD  
Name           GROVER, LINDA B.  
Address        205 ALLAN LN  
City-State-Zip: MELBOURNE BEACH FL 32951

Title           DIRECTOR  
Name           GROVER, CHRIS DAVID  
Address        195 ALLAN LANE  
City-State-Zip: MELBOURNE BEACH FL 32951

Title           DIRECTOR  
Name           GROVER, TRACY  
Address        195 ALLAN LANE  
City-State-Zip: MELBOURNE BEACH FL 32951

*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:** GROVER, TRACY

**DIRECTOR**

**03/28/2023**

Electronic Signature of Signing Officer/Director Detail

Date