

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000092930

**Entity Name:** BRONSON HEIGHTS FAMILY NURSERY INC

**Current Principal Place of Business:**

4650 NE 162ND CT  
WILLISTON, FL 32696

**Current Mailing Address:**

PO BOX 1635  
NEW BERRY, FL 32669 US

**FEI Number:** 20-1270468

**Certificate of Status Desired:** No

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

FLORES, GERARDO  
10431 NE HIGHWAY 27 ALTERNATE  
BRONSON, FL 32621 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 FLORES, GERARDO  
Address 10431 NE HIGHWAY 27 ALTERNATE  
City-State-Zip: BRONSON FL 32621

Title VD  
Name FLORES, FIDEL  
Address 10431 NE HIGHWAY 27 ALTERNATE  
City-State-Zip: BRONSON FL 32621

Title SD  
Name CERVANTEZ, ADELAIDA  
Address 10431 NE HIGHWAY 27 ALTERNATE  
City-State-Zip: BRONSON FL 32621

*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:** GERARDO FLORES

**PRESIDENT**

**02/15/2017**

Electronic Signature of Signing Officer/Director Detail

Date