**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Jan 22, 2018**
**Secretary of State**
**CC4543854777**

DOCUMENT# P97000015677

**Entity Name:** L.S.P. NURSERY, INC.

**Current Principal Place of Business:**

521 THOR AVE.
PALM BAY, FL 32909

**Current Mailing Address:**

521 THOR AVE.
PALM BAY, FL 32909 US

**FEI Number: 59-3434924**

**Certificate of Status Desired:** No

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

BADALAMENTI, LEO
521 THOR AVE
PALM BAY, FL 32909 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 | PSD | Title | DVP |
| Name | BADALAMENTI, LEO | Name | BADALAMENTI, ROSE |
| Address | 521 THOR AVE. | Address | 521 THOR AVE. |
| City-State-Zip: | PALM BAY FL 32909 | City-State-Zip: | PALM BAY FL 32909 |

| | |
|---|---|
| Title | DST |
| Name | BADALAMENTI, ROSE |
| Address | 521 THOR AVE. |
| City-State-Zip: | PALM BAY FL 32909 |

*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: ROSE BADALAMENTI DVP 01/22/2018

Electronic Signature of Signing Officer/Director Detail — Date