

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H35457

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** HART'S PLANT NURSERY, INC.

**Current Principal Place of Business:**

1404 BLAIR ROAD  
JACKSONVILLE, FL 32221

**New Principal Place of Business:**

**Current Mailing Address:**

1404 BLAIR ROAD  
JACKSONVILLE, FL 32221 US

**New Mailing Address:**

1404 BLAIR ROAD  
JACKSONVILLE, FL 32221

**FEI Number:** 59-2474873

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FULLER, BARRY J ATTY  
2301-404 PARK AVE  
ORANGE PARK, FL 32073 US

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

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: GARBEN, MARSHIA L  
Address: 1402 BLAIR ROAD  
City-St-Zip: JACKSONVILLE, FL 32221 US

Title: V.P. ( ) Delete  
Name: GARBEN, TIMOTHY M  
Address: 1402 BLAIR ROAD  
City-St-Zip: JACKSONVILLE, FL 32221 US

Title: SEC ( ) Delete  
Name: GARBEN, TIMOTHY M  
Address: 1402 BLAIR ROAD  
City-St-Zip: JACKSONVILLE, FL 32221 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARSHIA GARBEN

PRES

04/30/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date