

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H35457

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

**Current Principal Place of Business:**

1200 N NORTH BRANCH ST SUITE 220  
SECOND FLOOR  
CHICAGO, IL 60642

**Current Mailing Address:**

1200 N NORTH BRANCH ST SUITE 220  
SECOND FLOOR  
CHICAGO, IL 60642 US

**FEI Number:** 59-2474873

**Certificate of Status Desired:** No

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

COGENCY GLOBAL INC.  
115 N CALHOUN ST #4  
TALLAHASSEE, FL 32301 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 CFO  
Name MURRAY, WILLIAM  
Address 1200 N NORTH BRANCH ST  
SECOND FLOOR  
City-State-Zip: CHICAGO IL 60642

Title CAO  
Name BREDENKAMP, LISA  
Address 1200 N NORTH BRANCH ST  
SECOND FLOOR  
City-State-Zip: CHICAGO IL 60642

Title CONTROLLER  
Name PAULL, JOHN R  
Address 1200 N NORTH BRANCH ST  
SECOND FLOOR  
City-State-Zip: CHICAGO IL 60642

*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:** JOHN PAULL

**CONTROLLER**

**02/01/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date