

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000016081

FILED  
Mar 07, 2009  
Secretary of State

Entity Name: BACK PORCH NURSERY, INC.

**Current Principal Place of Business:**

2500 CHISOLM OAKS TRAIL  
MASCOTTE, FL 34753

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 220  
MASCOTTE, FL 34753

**New Mailing Address:**

FEI Number: 59-3633860

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CLEMENT, G. EDWARD  
308 EAST FIFTH AVENUE  
MOUNT DORA, FL 32757 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: D ( ) Delete  
Name: HORNE, MICHAEL K  
Address: POST OFFICE BOX 220  
City-St-Zip: MASCOTTE, FL 34753

Title: D ( ) Delete  
Name: HORNE, EVA L  
Address: POST OFFICE BOX 220  
City-St-Zip: MASCOTTE, FL 34753

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

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: MIKE HORNE

PRES

03/07/2009

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

\_\_\_\_\_ Date