

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000016081

Entity Name: BACK PORCH NURSERY, INC.

FILED
Mar 08, 2010
Secretary of State

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
Name: HORNE, MICHAEL K
Address: POST OFFICE BOX 220
City-St-Zip: MASCOTTE, FL 34753

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

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: MIKE HORNE

PRES

03/08/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date