

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000158523

**Entity Name:** HILL COUNTRY NURSERIES, INC.

**Current Principal Place of Business:**

380 COLUMBIA DRIVE - STE. 111  
WEST PALM BEACH, FL 33409

**Current Mailing Address:**

35160 AVENIDA LA CRESTA  
MURRIETA, CA 92562 US

**FEI Number:** 74-2283359

**Certificate of Status Desired:** No

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

SOMMERS, BARBARA K  
380 COLUMBIA DRIVE - STE. 111  
WEST PALM BEACH, FL 33409 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	VTD
Name	TONKINS, DONALD R	Name	TONKINS, CATHERINE
Address	35160 AVENIDA LA CRESTA	Address	35160 AVENIDA LA CRESTA
City-State-Zip:	MURRIETA CA 92562	City-State-Zip:	MURRIETA CA 92562

*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:** CATHERINE D TONKINS

**VICE PRESIDENT**

**01/10/2014**

Electronic Signature of Signing Officer/Director Detail

Date