

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000158523

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

**Current Principal Place of Business:**

2907 SHELTER ISLAND DRIVE #105-268  
SAN DIEGO, CA 92106

**Current Mailing Address:**

2907 SHELTER ISLAND DR  
STE. 105-268  
SAN DIEGO, CA 92106 US

**FEI Number:** 74-2283359

**Certificate of Status Desired:** Yes

**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  
Name TONKINS, DONALD R  
Address 23905 CLINTON KEITH  
114-529  
City-State-Zip: WILDOMAR CA 92595

Title VTD  
Name TONKINS, CATHERINE  
Address 23905 CLINTON KEITH  
114-529  
City-State-Zip: WILDOMAR CA 92595

Title PV  
Name TONKINS, DANIEL  
Address 2907 SHELTER ISLAND DRIVE #105-  
268  
City-State-Zip: SAN DIEGO CA 92106

*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 TONKINS

**VICE PRESIDENT**

**01/13/2021**

Electronic Signature of Signing Officer/Director Detail

Date