

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000158523

FILED  
Jan 06, 2011  
Secretary of State

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

**Current Principal Place of Business:**

15105 ROBERTS WAY  
LOXAHATCHEE, FL 33470

**New Principal Place of Business:**

**Current Mailing Address:**

15105 ROBERTS WAY  
LOXAHATCHEE, FL 33470

**New Mailing Address:**

FEI Number: 74-2283359

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TONKINS, DONALD R  
15105 ROBERTS WAY  
LOXAHATCHEE, FL 33470 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

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: TONKINS, DONALD R  
Address: 15105 ROBERTS WAY  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VTD  
Name: TONKINS, CATHERINE  
Address: 15105 ROBERTS WAY  
City-St-Zip: LOXAHATCHEE, FL 33470

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

VTD

01/06/2011

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

\_\_\_\_\_ Date