

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H50837

Entity Name: C. D. NURSERY, INC.

FILED
Apr 08, 2010
Secretary of State

Current Principal Place of Business:

% JACK HAMILTON
P.O. BOX 137
MONTICELLO, FL 32344

Current Mailing Address:

C.D. NURSEY %JACK HAMILTON
P.O. BOX 137
MONTICELLO, FL 32345 US

FEI Number: 59-2784584

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMILTON, DAVID L.
1878 N JEFFERSON
MONTICELLO, FL 32344 US

New Principal Place of Business:

C. D. NURSERY, INC.
1750 NORTH JEFFERSON STREET
MONTICELLO, FL 32344

New Mailing Address:

C.D. NURSEY, INC. ATTN: DAVID HAMILTON
P.O. BOX 137
MONTICELLO, FL 32345 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: PRES
Name: HAMILTON, JACK
Address: 1750 N JEFFERSON
City-St-Zip: MONTICELLO, FL 32344

Title: TRES
Name: HAMILTON, DAVID L
Address: 1878 N JEFFERSON
City-St-Zip: MONTICELLO, FL 32344

Title: VP
Name: HAMILTON, MARCELINE
Address: 1750 N JEFFERSON
City-St-Zip: MONTICELLO, FL 32344

Title: SEC
Name: WAGNER, CYNTHIA H.
Address: 719 THISTLEWOOD DRIVE
City-St-Zip: HOUSTON, TX 77079

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: CYNTHIA H. WAGNER

SEC

04/08/2010

Electronic Signature of Signing Officer or Director

Date