2006 ·PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2006
Secretary of State

DOCUMENT# P07000074877

Entity Name: SIMPSON NURSERIES, L.A.A.

Current Principal Place of Business:

52 NACOOSA ROAD
MONTICELLO, FL 32344

New Principal Place of Business:

Current Mailing Address:

PO BOX 160
MONTICELLO, FL 32345

New Mailing Address:

FEI Number: 59-3724737 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BIRD, T. BUCKINGHAM W
385 NORTH JEFFERSON STREET
MONTICELLO, FL 32344 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: D ( ) Delete
Name: SOUTHERN BREEZE GROW, TH CORPORATION
Address: PO BOX 160
City-St-Zip: MONTICELLO, FL 32345

Title: D ( ) Delete
Name: SOUTHERN BREEZE MANA, GEMENT SERVICE S CO LLC
Address: P. O. BOX 1176
City-St-Zip: MONTICELLO, FL 32345

Title: D ( ) Delete
Name: SOUTHERN BREEZE LEAS, ING COMPANY, L L C
Address: 52 NACOOSA ROAD
City-St-Zip: MONTICELLO, FL 32344

Title: O ( ) Delete
Name: BESHEARS, FRED H PRES
Address: 52 NACOOSA ROAD
City-St-Zip: MONTICELLO, FL 32344

Title: O ( ) Delete
Name: BESHEARS, HALSEY W SEC
Address: 52 NACOOSA ROAD
City-St-Zip: MONTICELLO, FL 32344

Title: O ( ) Delete
Name: BESHEARS, THAD H VP
Address: 52 NACOOSA ROAD
City-St-Zip: MONTICELLO, FL 32344

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THAD H. BESHEARS O 02/07/2006

Electronic Signature of Signing Officer or Director Date