

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000074877

FILED  
Feb 11, 2008  
Secretary of State

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

**Current Principal Place of Business:**

52 NACOOSA RD  
MONTICELLO, FL 32344

**New Principal Place of Business:**

**Current Mailing Address:**

P O 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  
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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DM ( ) Delete  
Name: SOUTHERN BREEZE GROW, TH CORPORATION  
Address: P O BOX 160  
City-St-Zip: MONTICELLO, FL 32345

Title: DM ( ) Delete  
Name: SOUTHERN BREEZE MANA, GEMENT SERCIVE S CO LLC  
Address: P O BOX 160  
City-St-Zip: MONTICELLO, FL 32345

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

Title: DMP ( ) Delete  
Name: BESHEARS, FRED H  
Address: P O BOX 160  
City-St-Zip: MONTICELLO, FL 32345

Title: DMS ( ) Delete  
Name: BESHEARS, HALSEY C  
Address: P O BOX 160  
City-St-Zip: MONTICELLO, FL 32345

Title: DMV ( ) Delete  
Name: BESHEARS, THAD H  
Address: P O BOX 160  
City-St-Zip: MONTICELLO, FL 32345

**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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THAD BESHEARS

DMV

02/11/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date