

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000074877

FILED  
Apr 29, 2010  
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  
Name: SOUTHERN BREEZE GROWTH CORPORATION  
Address: P O BOX 160  
City-St-Zip: MONTICELLO, FL 32345

Title: DM  
Name: SOUTHERN BREEZE MANAGEMENT SERCVIVES CO LLC  
Address: P O BOX 160  
City-St-Zip: MONTICELLO, FL 32345

Title: DM  
Name: SOUTHERN BREEZE LEASING COMPANY, LLC  
Address: 52 NACOOSA ROAD  
City-St-Zip: MONTICELLO, FL 32344

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

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

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

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: FRED H. BESHEARS

DMP

04/29/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date