


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 166601</b> 1. Entity Name <b>SOUTHERN STATES NURSERIES INC</b>									
Principal Place of Business <b>HIGHWAY 121 SOUTH          MACCLENNY FL 32063</b>			Mailing Address <b>5612 SOUTHERN STATE NRSY RD          MACCLENNY FL 32063</b>						
2. Principal Place of Business		3. Mailing Address							
Suite, Apt #, etc.		Suite, Apt #, etc.							
City & State		City & State							
Zip		Country		4. FEI Number <b>59-0458275</b> <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> <td style="padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> <td style="padding: 2px;"><input type="checkbox"/></td> </tr> </table>		Applied For	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>
Applied For	<input type="checkbox"/>								
Not Applicable	<input type="checkbox"/>								
5. Certificate of Status Desired <input type="checkbox"/>		<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>							
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>						
<b>FRASER, GARY K.          HWY 121 SOUTH          5612 SOUTHERN STATE NRSY RD          MACCLENNY FL 32063</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code						
8. 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. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature: typed or printed name of registered agent and title if applicable</small>									
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>						
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>						
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME	<b>FRASER, GARY K</b>		NAME						
STREET ADDRESS	<b>HWY 121 SOUTH</b>		STREET ADDRESS						
CITY-ST-ZIP	<b>MACCLENNY FL</b>		CITY-ST-ZIP						
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME	<b>FRASER, RYAN T.</b>		NAME						
STREET ADDRESS	<b>HWY 121 SOUTH</b>		STREET ADDRESS						
CITY-ST-ZIP	<b>MACCLENNY FL</b>		CITY-ST-ZIP						
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME	<b>FRASER, MYRA J</b>		NAME						
STREET ADDRESS	<b>HWY 121 SOUTH</b>		STREET ADDRESS						
CITY-ST-ZIP	<b>MACCLENNY FL</b>		CITY-ST-ZIP						
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.									
<b>SIGNATURE: Gary K. Fraser</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>2/5/04</b> Daytime Phone # <b>904 259-2221</b>						



MOORE CR2E034 (11/03)

1100000647146  
 02/12/04-80029-007 (10)