


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # 166601	
1. Entity Name SOUTHERN STATES NURSERIES INC	

Principal Place of Business HIGHWAY 121 SOUTH MACCLENNY FL 32063	Mailing Address 5612 SOUTHERN STATE NRSY RD MACCLENNY FL 32063
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number 59-0458275	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FRASER, GARY K. HWY 121 SOUTH 5612 SOUTHERN STATE NRSY RD MACCLENNY FL 32063

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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 Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE PD	<input type="checkbox"/> Delete
NAME FRASER, GARY K	
STREET ADDRESS HWY 121 SOUTH	
CITY- ST- ZIP MACCLENNY FL	
TITLE VP	<input type="checkbox"/> Delete
NAME FRASER, RYAN T.	
STREET ADDRESS HWY 121 SOUTH	
CITY- ST- ZIP MACCLENNY FL	
TITLE ST	<input type="checkbox"/> Delete
NAME FRASER, MYRA J	
STREET ADDRESS HWY 121 SOUTH	
CITY- ST- ZIP MACCLENNY FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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)(i), 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.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	1/25/05 Date	904-259-2224 Daytime Phone #
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