2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 166601

1. Entity Name

SOUTHERN STATES NURSERIES INC

Principal Place of Business	Mailing Address
HIGHWAY 121 SOUTH MACCLENNY FL 32063	5612 SOUTHERN STATE NRSY RD MACCLENNY FL 32063

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E034 (10/05)

4. FEI Number 59-0458275 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FRASER, GARY K. HWY 121 SOUTH 5612 SOUTHERN STATE NRSY RD MACCLENNY FL 32063	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 accep the obligations of registered agent.

SIGNATURE Gary Fraser 1/30/06

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May F Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ A
NAME	FRASER, GARY K	NAME	U00000419375
STREET ADDRESS	HWY 121 SOUTH	STREET ADDRESS	02/15/06-80004-024 150.00
CITY-ST-ZIP	MACCLENNY FL	CITY-ST-ZIP	
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ A
NAME	FRASER, RYAN T.	NAME	
STREET ADDRESS	HWY 121 SOUTH	STREET ADDRESS	
CITY-ST-ZIP	MACCLENNY FL	CITY-ST-ZIP	
TITLE	ST ☐ Delete	TITLE	☐ Change ☐ A
NAME	FRASER, MYRA J	NAME	
STREET ADDRESS	HWY 121 SOUTH	STREET ADDRESS	
CITY-ST-ZIP	MACCLENNY FL	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ A
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ A
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ A
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 exemptions contained in Section 119, Florida Statutes. I further certify that the inform 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 dir 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 Blo if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gary Fraser 1/30/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #