

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 238177

**FILED**  
**May 29, 2020**  
**Secretary of State**  
**9892783498CC**

**Entity Name:** O. F. NELSON & SONS NURSERY, INC.

**Current Principal Place of Business:**

3207 CLARCONA ROAD  
APOPKA, FL 32703

**Current Mailing Address:**

3207 CLARCONA RD.  
APOPKA, FL 32703

**FEI Number:** 59-0921771

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ASMA, C NICK  
884 S DILLARD ST  
WINTER GARDEN, FL 34787 US

*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

**Officer/Director Detail :**

Title T  
Name NELSON, ELIZABETH  
Address 3207 CLARCONA ROAD  
City-State-Zip: APOPKA FL 32703

Title P  
Name NELSON, MARK  
Address 3207 CLARCONA RD.  
City-State-Zip: APOPKA FL 32703

Title V  
Name DIAZ, RAMON  
Address 2068 LACEY OAKS DR  
City-State-Zip: APOPKA FL 32703

Title S  
Name NELSON, ANNE CATHERINE  
Address 1112 BRANDY LAKE VIEW CIR  
City-State-Zip: WINTER GARDEN FL 34787

*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:** ELIZABETH NELSON

**TEASURER**

**05/29/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date