

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H50837

**Entity Name:** C. D. NURSERY, INC.**Current Principal Place of Business:**C. D. NURSERY, INC.  
139 DEMOTT ROAD  
MONTICELLO, FL 32344**Current Mailing Address:**C.D. NURSEY, INC. ATTN: DAVID HAMILTON  
P.O. BOX 137  
MONTICELLO, FL 32345 US**FEI Number:** 59-2784584**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HAMILTON, DAVID L.  
C.D. NURSEY, INC. ATTN: DAVID HAMILTON  
P.O. BOX 137  
MONTICELLO, FL 32345 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	PRES
Name	HAMILTON, MARCELINE S. PRESIDENT
Address	C.D. NURSEY, INC. ATTN: DAVID HAMILTON P.O. BOX 137
City-State-Zip:	MONTICELLO FL 32345
Title	VP
Name	HAMILTON, MARCELINE
Address	C.D. NURSEY, INC. ATTN: DAVID HAMILTON P.O. BOX 137
City-State-Zip:	MONTICELLO FL 32345

Title	TRES
Name	HAMILTON, DAVID L
Address	P.O. BOX 137
City-State-Zip:	MONTICELLO FL 32345
Title	SEC
Name	WAGNER, CYNTHIA H.
Address	719 THISTLEWOOD DRIVE
City-State-Zip:	HOUSTON TX 77079

*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:** DAVID HAMILTON

TREAS.

04/27/2020

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