

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J10903

**Entity Name:** BOYD NURSERIES, INC.**Current Principal Place of Business:**1535 B ROAD  
LOXAHATCHEE, FL 33470**Current Mailing Address:**1535 B ROAD  
LOXAHATCHEE, FL 33470 US**FEI Number:** 59-2681293**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FREEMAN, DONALD J.  
2475 MERCER AVE STE. 301  
W. PALM BEACH, FL 33401-7452 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	DP
Name	BOYD, WILLIAM W.
Address	1535 B ROAD
City-State-Zip:	LOXAHATCHEE FL 33470

Title	VP
Name	BOYD, ADAM M
Address	1535 B ROAD
City-State-Zip:	LOXAHATCHEE FL 33470

Title	DIRECTOR
Name	KAPPELHOF, ERIN B
Address	1535 B ROAD
City-State-Zip:	LOXAHATCHEE FL 33470

*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:** RICHARD FAIRBANK

MANAGER

01/25/2023

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