

**2014 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:** WILLIAM BOYD

DP

03/04/2014

Electronic Signature of Signing Officer/Director Detail

Date