

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000074877

**Entity Name:** SIMPSON NURSERIES, L.A.A.

**Current Principal Place of Business:**

52 NACOOSA RD  
MONTICELLO, FL 32344

**Current Mailing Address:**

P O BOX 160  
MONTICELLO, FL 32345

**FEI Number:** 59-3724737

**Certificate of Status Desired:** No

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

BIRD, T BUCKINGHAM  
165 E DOGWOOD ST  
MONTICELLO, FL 32344 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 MGRM  
Name SOUTHERN BREEZE GROWTH CORPORATION  
Address P O BOX 160  
City-State-Zip: MONTICELLO FL 32345

Title M  
Name SOUTHERN BREEZE MANAGEMENT SERCVES CO LLC  
Address P O BOX 160  
City-State-Zip: MONTICELLO FL 32345

Title M  
Name SOUTHERN BREEZE LEASING COMPANY, LLC  
Address PO BOX 160  
City-State-Zip: MONTICELLO FL 32345

Title MGRM  
Name BESHEARS, FRED  
Address PO BOX 160  
City-State-Zip: MONTICELLO FL 32345

*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:** FRED BESHEARS

**MANAGING MEMBER**

**03/03/2015**

Electronic Signature of Signing Officer/Director Detail

Date