

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 211236

Entity Name: WARD'S NURSERY, INC.

FILED  
Feb 13, 2009  
Secretary of State

## Current Principal Place of Business:

2082 WARD,S OFFICE LANE  
P. O. BOX 850  
AVON PARK, FL 33825

## New Principal Place of Business:

2082 WARD'S OFFICE LANE  
AVON PARK, FL 33825

## Current Mailing Address:

2082 WARD,S OFFICE LANE  
P. O. BOX 850  
AVON PARK, FL 33825

## New Mailing Address:

P. O. BOX 850  
AVON PARK, FL 33826

FEI Number: 59-0830724

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

THOMAS E. BARBER  
439 E. SHOCKLEY RD  
AVON PARK, FL 33825 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DS ( ) Delete  
Name: BARBER, DEBORAH  
Address: 439 E. SHOCKLEY RD  
City-St-Zip: AVON PARK, FL

Title: DPC ( ) Delete  
Name: BARBER, THOMAS E  
Address: 439 E. SHOCKLEY RD  
City-St-Zip: AVEON PARK, FL

Title: DT ( ) Delete  
Name: WARD, MARCIA L.,  
Address: 1812 ST. RD. 17 SOUTH  
City-St-Zip: AVON PARK, FL

Title: DV ( ) Delete  
Name: ANDERSON, RODNEY,  
Address: 1812 ST. RD. 17 SOUTH  
City-St-Zip: AVON PARK, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DT (X) Change ( ) Addition  
Name: WARD, MARCIA L  
Address: 1812 ST. RD. 17 SOUTH  
City-St-Zip: AVON PARK, FL

Title: DV (X) Change ( ) Addition  
Name: ANDERSON, RODNEY  
Address: 1812 ST. RD. 17 SOUTH  
City-St-Zip: AVON PARK, FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RODNEY ANDERSON

DV

02/13/2009

Electronic Signature of Signing Officer or Director

Date