

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 211236

Entity Name: WARD'S NURSERY, INC.

FILED
Mar 25, 2011
Secretary of State

Current Principal Place of Business:

2082 WARD'S OFFICE LANE
AVON PARK, FL 33825

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 850
AVON PARK, FL 33826

New Mailing Address:

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:

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

03/25/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

Title: DT
Name: WARD, MARCIA L
Address: P. O. BOX 177
City-St-Zip: AVON PARK, FL 33826

Title: DV
Name: ANDERSON, RODNEY
Address: P. O. BOX 177
City-St-Zip: AVON PARK, FL 33826

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: THOMAS E. BARBER

PRES

03/25/2011

Electronic Signature of Signing Officer or Director

Date