

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 356817

FILED
Apr 20, 2009
Secretary of State

Entity Name: FLETCHER NURSERY, INC.

Current Principal Place of Business:

113 N MADISON ST
QUINCY, FL 32351

New Principal Place of Business:

Current Mailing Address:

113 N MADISON ST
QUINCY, FL 32351 US

New Mailing Address:

FEI Number: 59-1254650 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLETCHER, HOMER M JR
113 N MADISON ST
QUINCY, FL 32351 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: D () Delete
Name: FLETCHER, H. MAXWELL SR.
Address: SELMA AVENUE
City-St-Zip: GREENSBORO, FL 32330

Title: ST () Delete
Name: HOOD, SUZANNE FLETCHER
Address: 709 FOREST LAIR
City-St-Zip: TALLAHASSEE, FL 32312

Title: P () Delete
Name: FLETCHER, H. MAXWELL JR.
Address: 113 NORTH MADISON AVE
City-St-Zip: QUINCY, FL 32351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ST (X) Change () Addition
Name: HOOD, SUZANNE FLETCHER
Address: 113 N MADISON ST
City-St-Zip: QUINCY, FL 32351

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

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: H M FLETCHER JR

_____ Electronic Signature of Signing Officer or Director

P

04/20/2009

_____ Date