

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 447195

FILED
Apr 13, 2009
Secretary of State

Entity Name: GREENBRIAR NURSERIES, INC.

Current Principal Place of Business:

2025 NE 70TH ST
OCALA, FL 34479 US

New Principal Place of Business:

Current Mailing Address:

2025 NE 70TH ST
OCALA, FL 34479 US

New Mailing Address:

FEI Number: 59-1534193

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REESE, WILLIAM D
2227 SE 5TH ST
OCALA, FL 34471 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: REESE, CARLTON
Address: 1305 SE 19TH ST
City-St-Zip: OCALA, FL 34471

Title: P () Delete
Name: REESE, WILLIAM D
Address: 2227 SE 5TH ST
City-St-Zip: OCALA, FL

Title: ST () Delete
Name: REESE, META
Address: 2227 SE 5TH ST
City-St-Zip: OCALA, FL

Title: D () Delete
Name: REESE, JR, WILLIAM D
Address: 1842 SE 38TH CT
City-St-Zip: OCALA, FL 34471

Title: VP () Delete
Name: REESE, CHRISTOPHER
Address: 4407 NE 12TH ST
City-St-Zip: OCALA, FL 34470

Title: D () Delete
Name: ERGLE, SUSAN
Address: 1842 SE 38TH CT
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: VP (X) Change () Addition
Name: REESE, CHRISTOPHER A
Address: 4407 NE 12TH ST
City-St-Zip: OCALA, FL 34470

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: WILLIAM D. REESE

P

04/13/2009

Electronic Signature of Signing Officer or Director

Date