2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2012
Secretary of State

DOCUMENT# 447195

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

OFFICERS AND DIRECTORS:

Title: D
Name: REESE, CARLTON
Address: 1305 SE 19TH ST
City-St-Zip: OCALA, FL 34471

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

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

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

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

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

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: WILLIAM REESE P 06/06/2012

Electronic Signature of Signing Officer or Director Date