

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 458584

FILED
May 02, 2007
Secretary of State

Entity Name: KINGSWOOD NURSERIES, INC.

Current Principal Place of Business:

2333 NE 19 AVENUE
OCALA, FL 34470 US

New Principal Place of Business:

Current Mailing Address:

2333 NE 19 AVENUE
OCALA, FL 34470 US

New Mailing Address:

FEI Number: 59-1544897 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BULLARD, J. WARREN
121 NW 3RD STREET
OCALA, FL 34475 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: PD () Delete
Name: DEVANE, BRIAN D,
Address: 6260 W HWY 326
City-St-Zip: Ocala, FL 34482

Title: ST () Delete
Name: DEVANE, GWEN W,
Address: 1030 SE 27TH STREET
City-St-Zip: Ocala, FL 34471

Title: V () Delete
Name: DEVANE, HAROLD DELOI, S
Address: 1030 SE 27TH STREET
City-St-Zip: Ocala, FL 34471

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: DEVANE, GWEN W,
Address: 1030 SE 27TH STREET
City-St-Zip: Ocala, FL 34471

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

Title: S () Change (X) Addition
Name: DEVANE, ROBERTA A
Address: 6260 W HWY 326
City-St-Zip: Ocala, FL 34482

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: ROBERTA A. DEVANE

S

05/02/2007

Electronic Signature of Signing Officer or Director

_____ Date