

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 458584

FILED
Apr 15, 2011
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

OFFICERS AND DIRECTORS:

Title: PD
Name: DEVANE, BRIAN D
Address: 6260 W HWY 326
City-St-Zip: Ocala, FL 34482

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

Title: V
Name: DEVANE, HAROLD D
Address: 1030 SE 27TH STREET
City-St-Zip: Ocala, FL 34471

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

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: BRIAN D. DEVANE

MR.

04/15/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date