

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 458584

FILED  
Apr 30, 2012  
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:**

DEVANE, BRIAN D  
6260 W HWY 326  
OCALA, FL 34482 US

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: BRIAN D. DEVANE

04/30/2012

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

P

04/30/2012

Electronic Signature of Signing Officer or Director

Date