

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 649387

FILED  
Apr 18, 2011  
Secretary of State

**Entity Name:** WHITE SAND NURSERIES, INC.

**Current Principal Place of Business:**

602 HERMIT SMITH ROAD  
APOPKA, FL 32703

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 871  
PLYMOUTH, FL 32768

**New Mailing Address:**

P.O. BOX 968  
PLYMOUTH, FL 32768

**FEI Number:** 59-1955949

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FELDMAN, H. JOHN  
C/O CAUTHEN & FELDMAN P.A.  
215 N JOANNA AVE  
TAVARES, FL 32778 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: HOGSHEAD, RODNEY C III  
Address: 603 SOUTH HERMIT SMITH RD  
City-St-Zip: PLYMOUTH, FL 32768

Title: VP  
Name: CURLEY, FRED  
Address: 612 BURKE ST  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VP  
Name: MOORE, DAVID  
Address: 1329 VILLA LANE  
City-St-Zip: APOPKA, FL 32712

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: RODNEY C HOGSHEAD III

PD

04/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date