

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 658064

Entity Name: L & M NURSERY, INC.

FILED
Sep 01, 2006
Secretary of State

Current Principal Place of Business:

24505 SW 147 AVENUE
PRINCETON, FL 33032 US

New Principal Place of Business:

24505 SW 147 AVENUE
HOMESTEAD, FL 33032 US

Current Mailing Address:

POST OFFICE BOX 924799
PRINCETON, FL 33092 US

New Mailing Address:

POST OFFICE BOX 924799
HOMESTEAD, FL 33092 US

FEI Number: 59-2023277

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SCHILD, MARVIN
590 ENGLISH AVENUE
HOMESTEAD, FL 33030 US

Name and Address of New Registered Agent:

LOUNSBURY, CONSTANCE M V
24505 SW 147 AVE.
HOMESTEAD, FL 33032 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: CONSTANCE M LOUNSBURY

09/01/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOUNSBURY, JR., LYNN
Address: 24405 SW 147 AVE.
City-St-Zip: PRINCETON, FL 33032

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LOUNSBURY, JR., LYNN
Address: 24505 SW 147 AVE.
City-St-Zip: HOMESTEAD, FL 33032

Title: V () Change (X) Addition
Name: LOUNSBURY CONSTANCE, M
Address: 24505 SW 147 AVE.
City-St-Zip: HOMESTEAD, FL 33032

Title: S () Change (X) Addition
Name: LOUNSBURY JR. LYNN
Address: 24505 SW147 AVE.
City-St-Zip: HOMESTEAD, FL 33032

Title: T () Change (X) Addition
Name: LOUNSBURY JR. LYNN
Address: 24505 SW147 AVE.
City-St-Zip: HOMESTEAD, FL 33032

Title: D () Change (X) Addition
Name: LOUNSBURY JR. LYNN
Address: 24505 SW 147 AVE.
City-St-Zip: HOMESTEAD, FL 33032

I hereby certify that the information supplied with this filing does not qualify for the 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: LYNN LOUNSBURY JR.

P

09/01/2006

Electronic Signature of Signing Officer or Director

Date