2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2010
Secretary of State

DOCUMENT# 658064

Entity Name: L & M NURSERY, INC.

Current Principal Place of Business:

24505 SW 147 AVENUE
HOMESTEAD, FL 33032 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 924799
HOMESTEAD, FL 33092 US

New Mailing Address:

FEI Number: 59-2023277 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOUNSBURY, CONSTANCE M V
24505 SW 147 AVE.
HOMESTEAD, FL 33032 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: P
Name: LOUNSBURY,JR., LYNN
Address: 24505 SW 147 AVE.
City-St-Zip: HOMESTEAD, FL 33032

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

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

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

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

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: LYNN LOUNSBURY P 04/23/2010

Electronic Signature of Signing Officer or Director Date