

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000001301

FILED  
Jan 19, 2009  
Secretary of State

Entity Name: NURSERY SUPPLIES, INC.

**Current Principal Place of Business:**

1415 ORCHARD DRIVE  
CHAMBERSBURG, PA 17201

**New Principal Place of Business:**

**Current Mailing Address:**

1415 ORCHARD DRIVE  
CHAMBERSBURG, PA 17201

**New Mailing Address:**

FEI Number: 22-1801978      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301      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: PD ( ) Delete  
Name: BINCH, JAMES  
Address: 1415 ORCHARD DR  
City-St-Zip: CHAMBERSBURG, PA 17201

Title: VP ( ) Delete  
Name: SUMMERS, ROBERT G  
Address: 1144 DORSET DRIVE  
City-St-Zip: LONDON, OH 43140

Title: VD ( ) Delete  
Name: LEHMAN, KATHERINE A  
Address: 780 THIRD AVE 39TH FLOOR  
City-St-Zip: NEW YORK, NY 10017

Title: T ( ) Delete  
Name: CURRAN, LARRY D  
Address: 1415 ORCHARD DR  
City-St-Zip: CHAMBERSBURG, PA 17201

Title: VSD ( ) Delete  
Name: WEINSTEIN, ALLAN D.L.  
Address: 780 THIRD AVE., 40TH FLOOR  
City-St-Zip: NEW YORK, NY 10017

Title: D ( ) Delete  
Name: LYONS, MICHAEL J  
Address: 780 THIRD AVE. 40TH FLOOR  
City-St-Zip: NEW YORK, NY 10017

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: DANOWSKI, JOSEPH P  
Address: 1415 ORCHARD DR  
City-St-Zip: CHAMBERSBURG, PA 17201

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: LARRY D. CURRAN

T

01/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date