

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000001301

Entity Name: NURSERY SUPPLIES, INC.

FILED
Jan 19, 2011
Secretary of State

Current Principal Place of Business:

1415 ORCHARD DRIVE
CHAMBERSBURG, PA 17201

New Principal Place of Business:

1415 ORCHARD DRIVE
CHAMBERSBURG, PA 172014810

Current Mailing Address:

1415 ORCHARD DRIVE
CHAMBERSBURG, PA 17201

New Mailing Address:

1415 ORCHARD DRIVE
CHAMBERSBURG, PA 172014810

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

OFFICERS AND DIRECTORS:

Title: PD
Name: COLLINS, JOHN L
Address: 1415 ORCHARD DR
City-St-Zip: CHAMBERSBURG, PA 17201

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

Title: VP
Name: DANOWSKI, JOSEPH P
Address: 1415 ORCHARD DR
City-St-Zip: CHAMBERSBURG, PA 17201

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

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

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

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: LARRY D CURRAN

T

01/19/2011

Electronic Signature of Signing Officer or Director

_____ Date