2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008
Secretary of State

DOCUMENT# F41429

Entity Name: REYNOLDS NURSERY, INC.

Current Principal Place of Business:

2701 W. KEEN-CAMPBELL RD.
PLANT CITY, FL 33565 US

New Principal Place of Business:

Current Mailing Address:

2701 W. KEEN-CAMPBELL RD.
PLANT CITY, FL 335655111 US

New Mailing Address:

FEI Number: 59-2114090 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REYNOLDS, DAVID E PRES
2703 W KEEN CAMPBELL RD
PLANT CITY, FL 33565 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:	PTD	( ) Delete
Name:	REYNOLDS, DAVID E	
Address:	2703 W KEEN-CAMPBELL ROAD	
City-St-Zip:	PLANT CITY, FL 33565 US	
Title:	D	( ) Delete
Name:	REYNOLDS, BERNICE	
Address:	2701 W KEEN-CAMPBELL ROAD	
City-St-Zip:	PLANT CITY, FL 33565 US	
Title:	D	( ) Delete
Name:	REYNOLDS, ELSIE	
Address:	2701 W.KEEN-CAMPBELL RD.	
City-St-Zip:	PLANT CITY, FL 33565 US	
Title:	VPSD	( ) Delete
Name:	REYNOLDS, MARY D	
Address:	2703 W KEEN CAMPBEL RD	
City-St-Zip:	PLANT CITY, FL 33565 US	
Title:	D	( ) Delete
Name:	LEE, DEBORAH	
Address:	2700 W KEENE-CAMPBELL RD	
City-St-Zip:	PLANT CITY, FL 33565 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: MARY D. REYNOLDS VPSD 01/07/2008

Electronic Signature of Signing Officer or Director — Date