2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F41429

Entity Name: REYNOLDS NURSERY, INC.

FILED Mar 12, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

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

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

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

REYNOLDS, DAVID E PRES 2703 W KEEN CAMPBELL RD PLANT CITY, FL 33565 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD

Name: REYNOLDS, DAVID E PRES/TR
Address: 2703 W KEEN-CAMPBELL ROAD
City-St-Zip: PLANT CITY, FL 33565 US

Title:

Name: KINCAID, STEVEN D DIR
Address: 2705 W KEEN-CAMPBELL ROAD
City-St-Zip: PLANT CITY, FL 33565 US

Title: D

Name: REYNOLDS, ELSIE DIR
Address: 2701 W.KEEN-CAMPBELL RD.
City-St-Zip: PLANT CITY, FL 33565 US

Title: VPSD

Name: REYNOLDS, MARY D VPRES/S
Address: 2703 W KEEN CAMPBEL RD
City-St-Zip: PLANT CITY, FL 33565 US

Title:

Name: LEE, DEBORAH DIR

Address: 2700 W KEENE-CAMPBELL RD City-St-Zip: PLANT CITY, FL 33565 US

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: DAVID REYNOLDS PRES 03/12/2010