2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2011
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

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: D
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: D
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 01/12/2011

Electronic Signature of Signing Officer or Director Date