


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # F93000003870 1. Entity Name BAUCOM'S NURSERY COMPANY	
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Principal Place of Business 3050 BRITT ROAD MOUNT DORA, FL 32757	Mailing Address P.O. BOX 560008 CHARLOTTE, NC 28256-0008
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DO NOT WRITE IN THIS SPACE

04052007 No Chg-P CR2E034 (11/05)

4. FEI Number 56-0751089	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LUBBERS, CHARLES 3050 BRITT ROAD MOUNT DORA, FL 32757	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST PALMER, ELLEN 10020 JOHN RUSSELL ROAD CHARLOTTE, NC 28213
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD BAUCOM, AMON L JR 10020 JOHN RUSSELL ROAD CHARLOTTE, NC 28213
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD BAUCOM, GARY C 10020 JOHN RUSSELL ROAD CHARLOTTE, NC 28213
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V LUBBERS, CHARLES 300 BRITT RD MT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD WESLEY, LIVINGSTON W 10020 JOHN RUSSELL ROAD CHARLOTTE, NC 28213
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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04/18/07-800008-021 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELLEN PALMER 4-6-07 704-596-3220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #