

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000003870

Entity Name: BAUCOM'S NURSERY COMPANY

FILED
Mar 19, 2009
Secretary of State

Current Principal Place of Business:

3050 BRITT ROAD
MOUNT DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 560008
CHARLOTTE, NC 282560008

New Mailing Address:

FEI Number: 56-0751089

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUBBERS, CHARLES
3050 BRITT ROAD
MOUNT DORA, FL 32757 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: ST () Delete
Name: PALMER, ELLEN
Address: 10020 JOHN RUSSELL ROAD
City-St-Zip: CHARLOTTE, NC 28213

Title: VD () Delete
Name: BAUCOM, AMON L JR
Address: 10020 JOHN RUSSELL ROAD
City-St-Zip: CHARLOTTE, NC 28213

Title: PD () Delete
Name: BAUCOM, GARY C
Address: 10020 JOHN RUSSELL ROAD
City-St-Zip: CHARLOTTE, NC 28213

Title: V () Delete
Name: LUBBERS, CHARLES
Address: 300 BRITT RD
City-St-Zip: MT DORA, FL 32757

Title: VD () Delete
Name: WESLEY, LIVINGSTON W
Address: 10020 JOHN RUSSELL ROAD
City-St-Zip: CHARLOTTE, NC 28213

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: ELLEN PALMER

ST

03/19/2009

Electronic Signature of Signing Officer or Director

Date