2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H30596

P.O. BOX 39

MC ALPIN, FL 32062

Address: City-St-Zip:

Entity Name: MORRISON'S FARM & NURSERY, INC.

FILED Jan 21, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
176TH ST P. O. BOX MCALPIN,	39	Js	176TH STREET MCALPIN, FL 32062	US	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
C/O FRED J. MORRISON P. O. BOX 39 MCALPIN, FL 32062			POST OFFICE BOX 39 MCALPIN, FL 32062		
FEI Number	: 59-2479411	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
12268 117 LIVE OAK,	,	US	ournose of changing its registered	office or registered agent, or both,	
	e of Florida.	submits this statement for the p	ourpose of changing its registered	office of registered agent, or both,	
SIGNATU	RE:				
	Electron	ic Signature of Registered Age	ent	Date	
Election Car	mpaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () MORRISON, FF P.O. BOX 39 MCALPIN, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VSTD () MORRISON, TE P.O. BOX 39 MCALPIN, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	VD () MORRISON, SH	Delete IERRY	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: FRED J. MORRISON PRES 01/21/2009