2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# H36909

Entity Name: CARTER'S NURSERY, INC.

Current Principal Place of Business:

543 CF KINNEY RD.
LAKE WALES, FL 33859

New Principal Place of Business:

Current Mailing Address:

543 CF KINNEY RD.
LAKE WALES, FL 33853

New Mailing Address:

543 CF KINNEY RD.
LAKE WALES, FL 33859

FEI Number: 59-1816906 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARTER, VINCENT T
543 CF KINNEY RD.
LAKE WALES, FL 33853 US

Name and Address of New Registered Agent:

MCCULLOUGH, JUDY G
543 CF KINNEY RD.
LAKE WALES, FL 33859 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: JUDY G MCCULLOUGH 04/24/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: CARTER, VINCENT THOMAS
Address: 543 CF KINNEY RD.
City-St-Zip: LAKE WALES, FL

Title: P ( ) Delete
Name: MCCULLOUGH, JUDY G
Address: 343 C.F. KINNEY RD
City-St-Zip: LAKE WALES, FL 33859

Title: V (X) Delete
Name: MCCULLOUGH, WILLIAM
Address: 543 C.F. KINNEY
City-St-Zip: LAKE WALES, FL 33859

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MCCULLOUGH, JUDY G
Address: 543 CF KINNEY RD.
City-St-Zip: LAKE WALES, FL 33859

Title: V (X) Change ( ) Addition
Name: MCCULLOUGH, WILLIAM G
Address: 543 CF KINNEY RD
City-St-Zip: LAKE WALES, FL 33859

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: JUDY G MCCULLOUGH P 04/24/2009
Electronic Signature of Signing Officer or Director Date