

ANNUAL REPORT (AR)

DOCUMENT # H50837

1. Entity Name

C. D. NURSERY, INC.



FILED
Feb 19, 2008 08:00 AM
Secretary of State



Principal Place of Business % JACK HAMILTON P.O. BOX 137 MONTICELLO FL 32344		Mailing Address C.D. NURSEY %JACK HAMILTON P.O. BOX 137 MONTICELLO FL 32345 US		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">1st MOORE</div> <div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">CR2E034 (10/07)</div> <div style="font-size: 18px; font-weight: bold; margin-bottom: 10px;">4. FEI Number</div> <div style="font-size: 18px; font-weight: bold; margin-bottom: 10px;">59-2784584</div> <div style="font-size: 18px; font-weight: bold; margin-bottom: 10px;">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</div>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<div style="font-size: 18px; font-weight: bold; margin-bottom: 10px;">Applied For</div> <div style="font-size: 18px; font-weight: bold; margin-bottom: 10px;">Not Applicable</div>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
HAMILTON, DAVID L. 1878 N JEFFERSON MONTICELLO FL 32344		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		City		<div style="font-size: 24px; font-weight: bold; margin-right: 10px;">FL</div> <div>Zip Code</div>	
<div style="font-size: 12px;">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.</div>					
<div style="font-size: 12px;">SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)</div> <div style="font-size: 12px; margin-top: 5px;">Signature, typed or printed name of registered agent and title, if applicable. DATE</div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	P	<input type="checkbox"/> Delete	TITLE	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, JACK		NAME		
STREET ADDRESS	1750 N JEFFERSON		STREET ADDRESS		
CITY-ST-ZIP	MONTICELLO FL 32344		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, DAVID L		NAME		
STREET ADDRESS	1878 N JEFFERSON		STREET ADDRESS		
CITY-ST-ZIP	MONTICELLO FL 32344		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, MARCELINE		NAME		
STREET ADDRESS	1750 N JEFFERSON		STREET ADDRESS		
CITY-ST-ZIP	MONTICELLO FL 32344		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGNER, CYNTHIA H.		NAME		
STREET ADDRESS	1750 N JEFFERSON		STREET ADDRESS		
CITY-ST-ZIP	MONTICELLO FL 32344		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
<div style="font-weight: bold;">12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.</div>					
<div style="font-size: 18px; font-weight: bold; margin-bottom: 10px;">SIGNATURE: <i>David L. Hamilton</i> DAVID L. HAMILTON 2-15-08 850 545 3926</div> <div style="font-size: 10px; display: flex; justify-content: space-between;"> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone # </div>					