

**ANNUAL REPORT (AR)**

**DOCUMENT # H50837**

1. Entity Name  
**C. D. NURSERY, INC.**



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



1st MOORE CR2E034 (10/07)

Principal Place of Business <b>% JACK HAMILTON P.O. BOX 137 MONTICELLO FL 32344</b>		Mailing Address <b>C.D. NURSEY %JACK HAMILTON P.O. BOX 137 MONTICELLO FL 32345 US</b>	
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
4. FEI Number <b>59-2784584</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>HAMILTON, DAVID L. 1878 N JEFFERSON MONTICELLO FL 32344</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		FL	Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<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			

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 reported.

SIGNATURE: *David L. Hamilton* **DAVID L. HAMILTON** 2-15-08 850 545 3926  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dying Phone #