

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H71630

FILED  
Mar 09, 2010  
Secretary of State

Entity Name: "DEE" OAKS NURSERY, INC.

**Current Principal Place of Business:**

5659 SW OWENS SCHOOL STREET  
ARCADIA, FL 34266 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1294  
ARCADIA, FL 34265 US

**New Mailing Address:**

FEI Number: 59-2566847

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LAWSON, DOLORES A  
26178 CHESTERFIELD RD  
PUNTA GORDA, FL 33983 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: P  
Name: LAWSON, DOLORES A  
Address: 26178 CHESTERFIELD RD.  
City-St-Zip: PUNTA GORDA, FL 33983

Title: V  
Name: DOROTHY S. ROBINSON  
Address: 102 PURUS STREET  
City-St-Zip: PUNTA GORDA, FL 33983

Title: V  
Name: LAWSON, JOHN V  
Address: 26178 CHESTERFIELD ROAD  
City-St-Zip: PUNTA GORDA, FL 33983

I hereby 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 all other like empowered.

SIGNATURE: DOLORES LAWSON

PRES

03/09/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date