

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J10903

Entity Name: BOYD NURSERIES, INC.

FILED  
Mar 17, 2011  
Secretary of State

**Current Principal Place of Business:**

1535 B ROAD  
LOXAHATCHEE, FL 33470 US

**New Principal Place of Business:**

**Current Mailing Address:**

1535 B ROAD  
LOXAHATCHEE, FL 33470 US

**New Mailing Address:**

FEI Number: 59-2681293

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FREEMAN, DONALD J.  
1400 CENTREPARK BLVD. SUITE 909  
W. PALM BEACH, FL 334014490 US

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

FREEMAN, DONALD J.  
2475 MERCER AVE STE. 301  
W. PALM BEACH, FL 334017452 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:

Electronic Signature of Registered Agent

03/17/2011

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: BOYD, WILLIAM W.  
Address: 1535 B ROAD  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VPD  
Name: BOYD, TRACEY F.  
Address: 1535 B ROAD  
City-St-Zip: LOXAHATCHEE, FL 33470

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: TRACEY F. BOYD

Electronic Signature of Signing Officer or Director

VP

03/17/2011

Date