

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J47569

Entity Name: NIBLETT NURSERY, INC.

**FILED**  
**Feb 10, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1143 BLUEFIELD RD  
ODESSA, FL 33556

**New Principal Place of Business:**

**Current Mailing Address:**

1143 BLUEFIELD RD  
ODESSA, FL 33556

**New Mailing Address:**

FEI Number: 59-2754632

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NIBLETT, JAMES E.  
1143 BLUEFIELD RD  
ODESSA, FL 33556 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: PD  
Name: NIBLETT, JAMES E.  
Address: 1143 BLUEFIELD RD  
City-St-Zip: ODESSA, FL

Title: STD  
Name: NIBLETT, ELLEN KAY  
Address: 1143 BLUEFIELD RD  
City-St-Zip: ODESSA, FL

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: JAMES NIBLETT

PRES

02/10/2010

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

\_\_\_\_\_  
Date