2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2009
Secretary of State

DOCUMENT# K44771

Entity Name: PERKINS NURSERY, INC.

Current Principal Place of Business:

2575 CASE RD.
P.O. BOX 2460
LABELLE, FL 33975 US

New Principal Place of Business:

2575 CASE RD.
LABELLE, FL 33975 US

Current Mailing Address:

P O BOX 2460
LABELLE, FL 33975 US

New Mailing Address:

FEI Number: 65-0088726 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WATKINS, JOHN J
250 SOUTH MAIN STREET
LABELLE, FL 33935 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 ( ) Delete
Name: PERKINS, DANNY
Address: 2575 CASE RD.
City-St-Zip: LABELLE, FL 33935

Title: V ( ) Delete
Name: PERKINS, DEBORAH
Address: 2575 CASE RD
City-St-Zip: LABELLE, FL 33935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DANNY PERKINS P 03/13/2009

Electronic Signature of Signing Officer or Director Date