

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # K47526**

1. Entity Name

**BIG TREE NURSERY, INC.**



Principal Place of Business

**4807 N GALLAGHER RD  
PLANT CITY, FL 33566**

Mailing Address

**% ROY G. DAVIS  
3216 MCINTOSH  
DOVER, FL 33527**

**DO NOT WRITE IN THIS SPACE**



04282008 No Chg-P CR2E034 (11/05)

4. FEI Number

**65-0085329**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DAVIS, ROY G.  
3224 MCINTOSH RD  
DOVER, FL 33527**

**DO NOT WRITE  
IN THIS SPACE**

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 ROY G. DAVIS

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**U00000933630  
05/22/08-80102-022 150.00**

10. OFFICERS AND DIRECTORS

TITLE **P**  
NAME **DAVIS, ROY G.**  
STREET ADDRESS **3224 MC INTOSH RD**  
CITY-ST-ZIP **DOVER, FL**

TITLE **VPST**  
NAME **DAVIS, STEVEN W.**  
STREET ADDRESS **3224 MC INTOSH RD**  
CITY-ST-ZIP **DOVER, FL**

TITLE **D**  
NAME **DAVIS, LETA**  
STREET ADDRESS **3224 MCINTOSH RD**  
CITY-ST-ZIP **DOVER, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 empowered.

SIGNATURE: ROY G. DAVIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/20/08 8136894075**  
Date Daytime Phone #