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2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

FILED Apr 05, 2007 8:00 am Secretary of State **DOCUMENT # P00000079248** 1. Entity Name 04-05-2007 90144 036 ***150.00 B & C'S NURSERY, INC. Mailing Address Principal Place of Business 4523 CHUMUCKLA HWY. 3903 ADAMS RD 40051163 PACE, FL 32571 PACE, FL 32571 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 03172007 Chg-P CR2E034 (12/06) 4. FEI Number Applied For City & State City & State 59-3664522 Not Applicable Zip Country 1 Countr Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BASS AND SANDFORT ACCOUNTANTS Street Address (P.O. Box Number is Not Acceptable) 1301 W. GARDEN ST. PENSACOLA, FL 32501-4504 City Zip Code 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, typed er printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE ☐ Change ☐ Addition TITLE Delete MCCRANIE, JAMES C NAME NAME 3903 ADAMS RD STREET ADDRESS STREET ADDRESS PACE, FL 32571 CITY-ST-ZIP CITY-ST-ZIP TITLE VSD ☐ Delete Change Addition **DEARMON, BENJAMIN T** NAM.F 9676 PICKWOOD DR STREET ADDRESS STREET ADDRESS PENSACOLA, FL 32514 CITY-ST-ZIP CITY-ST-ZIP ☐ Celete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-789 Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-21P 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 trusted 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.

NAME OF SIGNING OFFICER OR DIRECTOR