

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000079248

Entity Name: B & C'S NURSERY, INC.

FILED  
Apr 20, 2009  
Secretary of State

## Current Principal Place of Business:

4523 CHUMUCKLA HWY.  
PACE, FL 32571

## New Principal Place of Business:

## Current Mailing Address:

3903 ADAMS RD  
PACE, FL 32571

## New Mailing Address:

FEI Number: 59-3664522

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BASS AND SANDFORT ACCOUNTANTS  
1301 W. GARDEN ST.  
PENSACOLA, FL 325014504 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 ( ) Delete  
Name: MCCRANIE, JAMES C  
Address: 3903 ADAMS RD  
City-St-Zip: PACE, FL 32571

Title: VSD (X) Delete  
Name: DEARMON, BENJAMIN T  
Address: 9676 PICKWOOD DR  
City-St-Zip: PENSACOLA, FL 32514

## 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: JAMES MCCRANIE

PD

04/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date