

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000062988

Entity Name: MORRISON NURSERY, INC.

FILED
Jan 21, 2009
Secretary of State

Current Principal Place of Business:

10765 176TH ST.
MCALPIN, FL 32065

New Principal Place of Business:

10765 176TH ST.
MCALPIN, FL 32062

Current Mailing Address:

PO BOX 39
MCALPIN, FL 32065

New Mailing Address:

PO BOX 39
MCALPIN, FL 32062

FEI Number: 59-3725955

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRISON, FRED
12268 117TH DRIVE
LIVE OAK, FL 32060 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: MORRISON, FRED J
Address: 12268 117TH DR.
City-St-Zip: LIVE OAK, FL 32060

Title: VD () Delete
Name: MORRISON, SHERRY
Address: 10138 16TH STREET
City-St-Zip: MC ALPIN, FL 32062

Title: VSTD () Delete
Name: MORRISON, TERRY
Address: 10138 176 TH STREET
City-St-Zip: MC ALPIN, FL 32062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: MORRISON, SHERRY
Address: 12268 117TH DRIVE
City-St-Zip: LIVE OAK, FL 32060

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: FRED J. MORRISON

PRES

01/21/2009

Electronic Signature of Signing Officer or Director

Date