

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000121630

FILED
Feb 07, 2012
Secretary of State

Entity Name: HALL'S NURSERIES OF JACKSONVILLE, INC.

Current Principal Place of Business:

5645 BLANDING BLVD.
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

5645 BLANDING BLVD.
JACKSONVILLE, FL 32244

New Mailing Address:

FEI Number: 80-0002200

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALL, JOSEPH D
2140 TREASURE POINT ROAD
GREEN COVE SPRINGS, FL 32043 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

OFFICERS AND DIRECTORS:

Title: PRES
Name: HALL, JOSEPH D
Address: 2140 TREASURE POINT ROAD
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: VP
Name: HALL, GEORGE E
Address: 2190 ARON DRIVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: VP
Name: HALL, RUSSELL L
Address: 1898 COMMODORE PT
City-St-Zip: ORANGE PARK, FL 32003

Title: VP
Name: GOODBREAD, ROBERT L
Address: 2130 TREASURE POINT ROAD
City-St-Zip: GREEN COVE SPRINGS, FL 32043

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH D. HALL

PRES

02/07/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date