2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# P02000004448

Entity Name: TALLAHASSEE NURSERIES, INC.

Current Principal Place of Business:

2911 THOMASVILLE ROAD
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

2911 THOMASVILLE ROAD
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 74-3026788 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

YOUNG, ROY C
225 S ADAMS ST
SUITE 200
TALLAHASSEE, FL 32301 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: P ( ) Delete
Name: BROCK, PAUL
Address: 2607 PANTHER CREEK RD
City-St-Zip: TALLAHASSEE, FL 32308

Title: V ( ) Delete
Name: FLUEGGE, KEVIN
Address: 2747 VASSER DR
City-St-Zip: TALLAHASSEE, FL 32308

Title: TS ( ) Delete
Name: PROSSER, NATHAN
Address: 2200 PROSSER RD
City-St-Zip: TALLAHASSEE, FL 32310

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BROCK, PAUL
Address: 2666 NOBLE DR
City-St-Zip: TALLAHASSEE, FL 32308

Title: V (X) Change ( ) Addition
Name: FLUEGGE, KEVIN
Address: 2747 VASSER DR
City-St-Zip: TALLAHASSEE, FL 32309

Title: TS (X) Change ( ) Addition
Name: PROSSER, NATHAN
Address: 2217 PROSSER RD
City-St-Zip: TALLAHASSEE, FL 32310

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: PAUL BROCK PRES 01/20/2009

Electronic Signature of Signing Officer or Director — Date