

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000117389

Entity Name: WILLIAMS NURSERY, INC.

FILED
Feb 04, 2010
Secretary of State

Current Principal Place of Business:

1419 FOX RUN DR
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 218
TARPON SPRINGS, FL 34688

New Mailing Address:

FEI Number: 20-0336855

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, ROSEMARIE
1419 FOX RUN DR
TARPON SPRINGS, FL 34689 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/D
Name: WILLIAMS, GARY W
Address: 1419 FOX RUN DR.
City-St-Zip: TARPON SPRINGS, FL 34689

Title: T/D
Name: WILLIAMS, GARY W
Address: 1419 FOX RUN DR
City-St-Zip: TARPON SPRINGS, FL 34689

Title: V/D
Name: WILLIAMS, STEVEN
Address: 1411 FOX RUN DR
City-St-Zip: TARPON SPRINGS, FL 34689

Title: S/D
Name: WILLIAMS, ROSEMARIE
Address: 1419 FOX RUN DR
City-St-Zip: TARPON SPRINGS,, FL 34689

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: GARY WILLIAMS

P/D

02/04/2010

Electronic Signature of Signing Officer or Director

Date