

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000035801

Entity Name: DEBARY NURSERY, INC.

FILED
Jan 13, 2009
Secretary of State

Current Principal Place of Business:

61 S CHARLES RICHARD BEALL BLVD
DEBARY, FL 327133351 US

New Principal Place of Business:

Current Mailing Address:

61 S CHARLES RICHARD BEALL BLVD
DEBARY, FL 327133351 US

New Mailing Address:

FEI Number: 20-0771371

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCCAIN, BEVERLY M
61 S CHARLES RICHARD BEALL BLVD
SUITE B
DEBARY, FL 32713 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: MCCAIN, BEVERLY M
Address: 484 WOOD EDGE ROAD
City-St-Zip: ORANGE CITY, FL 32763

Title: VP () Delete
Name: MCCAIN, DOUGLAS
Address: 484 WOOD EDGE ROAD
City-St-Zip: ORANGE CITY, FL 32763

Title: S () Delete
Name: MCCAIN, BEVERLY M
Address: 484 WOOD EDGE ROAD
City-St-Zip: ORANGE CITY, FL 32763

Title: T () Delete
Name: MCCAIN, BEVERLY M
Address: 484 WOOD EDGE ROAD
City-St-Zip: ORANGE CITY, FL 32763

Title: DIR () Delete
Name: MCCAIN, BEVERLY M
Address: 484 WOOD EDGE ROAD
City-St-Zip: ORANGE CITY, FL 32763

Title: DIR () Delete
Name: MCCAIN, DOUGLAS
Address: 484 WOOD EDGE ROAD
City-St-Zip: ORANGE CITY, FL 32763

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: BEVERLY MCCAIN

P

01/13/2009

Electronic Signature of Signing Officer or Director

Date