2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2011
Secretary of State

DOCUMENT# P04000035801

Entity Name: DEBARY NURSERY, INC.

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 ( )**

Name and Address of Current Registered Agent:

MCCAIN, BEVERLY M
61 S CHARLES RICHARD BEALL BLVD
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

OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: BEVERLY MCCAIN PRES 03/15/2011

Electronic Signature of Signing Officer or Director — Date