

**2004 PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 27, 2004  
Secretary of State**

**DOCUMENT# P07000074877**

**Entity Name:** SIMPSON NURSERIES, L.A.A.

**Current Principal Place of Business:**

HIGHWAY 19 SOUTH  
MONTICELLO, FL 32344

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 160  
MONTICELLO, FL 32345

**New Mailing Address:**

**FEI Number:** 59-3724737      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BIRD, T. BUCKINGHAM W  
385 NORTH JEFFERSON STREET  
MONTICELLO, FL 32344 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: D ( ) Delete  
Name: SOUTHERN BREEZE GROW, TH CORPORATION  
Address: PO BOX 160  
City-St-Zip: MONTICELLO, FL 32345

Title: D ( ) Delete  
Name: SOUTHERN BREEZE MANA, GEMENT SERVICE S CO LLC  
Address: P. O. BOX 1176  
City-St-Zip: MONTICELLO, FL 32345

Title: D ( ) Delete  
Name: SOUTHERN BREEZE LEAS, ING COMPANY, L L C  
Address: 52 NACOOSA ROAD  
City-St-Zip: MONTICELLO, FL 32344

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: O ( ) Change (X) Addition  
Name: BESHEARS, FRED H PRES  
Address: 52 NACOOSA ROAD  
City-St-Zip: MONTICELLO, FL 32344

Title: O ( ) Change (X) Addition  
Name: BESHEARS, HALSEY W SEC  
Address: 52 NACOOSA ROAD  
City-St-Zip: MONTICELLO, FL 32344

Title: O ( ) Change (X) Addition  
Name: BESHEARS, THAD H VP  
Address: 52 NACOOSA ROAD  
City-St-Zip: MONTICELLO, FL 32344

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRED H. BESHEARS

PRES

04/27/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date