

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000074877

FILED
Apr 21, 2009
Secretary of State

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

Current Principal Place of Business:

52 NACOOSA RD
MONTICELLO, FL 32344

New Principal Place of Business:

Current Mailing Address:

P O BOX 160
MONTICELLO, FL 32345

New Mailing Address:

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

Name and Address of Current Registered Agent:

BIRD, T BUCKINGHAM
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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DM () Delete
Name: SOUTHERN BREEZE GROWTH CORPORATION
Address: P O BOX 160
City-St-Zip: MONTICELLO, FL 32345

Title: DM () Delete
Name: SOUTHERN BREEZE MANAGEMENT SERCVIVES CO LLC
Address: P O BOX 160
City-St-Zip: MONTICELLO, FL 32345

Title: DM () Delete
Name: SOUTHERN BREEZE LEASING COMPANY, LLC
Address: 52 NACOOSA ROAD
City-St-Zip: MONTICELLO, FL 32344

Title: DMP () Delete
Name: BESHEARS, FRED H
Address: P O BOX 160
City-St-Zip: MONTICELLO, FL 32345

Title: DMS () Delete
Name: BESHEARS, HALSEY C
Address: P O BOX 160
City-St-Zip: MONTICELLO, FL 32345

Title: DMV () Delete
Name: BESHEARS, THAD H
Address: P O BOX 160
City-St-Zip: MONTICELLO, FL 32345

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: THAD H. BESHEARS

DMV

04/21/2009

Electronic Signature of Signing Officer or Director

_____ Date