

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000074877

FILED
Apr 25, 2011
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:

BIRD, T BUCKINGHAM
165 E DOGWOOD ST
MONTICELLO, FL 32344 US

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

04/25/2011

Date

OFFICERS AND DIRECTORS:

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

Title: M
Name: SOUTHERN BREEZE MANAGEMENT SERCVES CO LLC
Address: P O BOX 160
City-St-Zip: MONTICELLO, FL 32345

Title: M
Name: SOUTHERN BREEZE LEASING COMPANY, LLC
Address: PO BOX 160
City-St-Zip: MONTICELLO, FL 32345

Title: MGRM
Name: BESHEARS, FRED
Address: PO BOX 160
City-St-Zip: MONTICELLO, FL 32345

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: FRED BESHEARS

Electronic Signature of Signing Officer or Director

MGRM

04/25/2011

Date