

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000074877

**FILED**  
**Apr 17, 2012**  
**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  
165 E DOGWOOD ST  
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:** MGRM  
**Name:** SOUTHERN BREEZE GROWTH CORPORATION  
**Address:** P O BOX 160  
**City-St-Zip:** MONTICELLO, FL 32345

**Title:** M  
**Name:** SOUTHERN BREEZE MANAGEMENT SERCVIVES 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

04/17/2012

\_\_\_\_\_ Date