2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000028896

FILED Mar 17, 2009 Secretary of State

Entity Nar	ne: AMAC W	HOLESALE NURSERY, INC.				
Current Principal Place of Business:				New Principal Place of Business:		
3903 ADAMS RD PACE, FL 32571				3903 ADAMS RD PACE, FL 32571	US	
Current Mailing Address:				New Mailing Address:		
3903 ADAI PACE, FL				3903 ADAMS RD PACE, FL 32571	US	
FEI Number:	26-2206366	FEI Number Applied For ()	FEI Nun	nber Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:		Name and Addres	ss of New Registered Agent:	
BASS & SANDFORT ACCOUNTANTS, PA 1301 W GARDEN ST PENSACOLA, FL 32501 US				BASS & SANDFORT ACCOUNTANTS, PA 1301 W GARDEN ST PENSACOLA, FL 32502 US		
	named entity : e of Florida.	submits this statement for the	purpose o	t changing its registe	ered office or registered agent, or both,	
SIGNATURE:					03/17/2009	
Election Car		nic Signature of Registered Aggrund Trust Fund Contribution ().	jent		Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () MCCRANIE, JA 3903 ADAMS R PACE, FL 325	:D		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VPS () MCCRANIE, DA 3903 ADAMS R PACE, FL 325	lD.		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: JAMES C MCCRANIE **PRES** 03/17/2009