


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # P21999 1. Entity Name NURSERYMEN'S EXCHANGE, INC.	
--	---

Principal Place of Business 2651 N CABRILLO HWY HALF MOON BAY, CA 94019	Mailing Address 2651 N CABRILLO HWY HALF MOON BAY, CA 94019
---	---

DO NOT WRITE IN THIS SPACE



04242008 No Chg-P CR2E034 (11/05)

4. FEI Number 94-1424729	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000931206 05/22/08-80005-018 150.00
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PEARLSTEIN, JACK 2651 N CABRILLO HWY HALF MOON BAY, CA 94019
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD HOLLINGSWORTH, GAIL 2651 N CABRILLO HWY ROANOKE, VA 24019
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DIRKES, GEORGE R 300 DRAKES LANDING RD STE 120 GREENBRAE, CA 94904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JEWELER, RICHARD S 300 DRAKES LANDING RD., STE 120 GREENBRAE, CA 94904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL HOLLINGSWORTH *Gail Hollingsworth* 4/24/08 650 726 6361
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #