

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000058517

Entity Name: BUCKEYE NURSERY, INC.

FILED  
Apr 24, 2007  
Secretary of State

## Current Principal Place of Business:

BUCKEYE NURSERY ROAD  
PERRY, FL 32347 US

## New Principal Place of Business:

## Current Mailing Address:

POST OFFICE BOX 450  
PERRY, FL 32347 US

## New Mailing Address:

FEI Number: 59-3202548

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JERNIGAN, JOSEPH H JR.  
3185 THOMAS DRIVE  
BONIFAY, FL 32425 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: P ( ) Delete  
Name: BROWN, JOHNNY M.  
Address: 811 WESTWOOD DRIVE  
City-St-Zip: PERRY, FL

Title: VS ( ) Delete  
Name: JERNIGAN, JOSEPH H. JR.  
Address: C/O 1145 EAST 10TH AVENUE, BOX 728  
City-St-Zip: GRACEVILLE, FL

Title: T ( ) Delete  
Name: FLEMING, KENNETH  
Address: 243 ANGLER CT  
City-St-Zip: MARCO ISLAND, FL 33969

## 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:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHNNY M. BROWN

P-GM

04/24/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date