

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000058517

Entity Name: BUCKEYE NURSERY, INC.

FILED
Apr 21, 2008
Secretary of State

Current Principal Place of Business:

BUCKEYE NURSERY ROAD
PERRY, FL 32347 US

New Principal Place of Business:

1490 BUCKEYE NURSERY ROAD
PERRY, FL 32347 US

Current Mailing Address:

POST OFFICE BOX 450
PERRY, FL 32347 US

New Mailing Address:

POST OFFICE BOX 450
PERRY, FL 32348 US

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: P (X) Change () Addition
Name: BROWN, JOHNNY M.
Address: 811 WESTWOOD DRIVE
City-St-Zip: PERRY, FL 32348

Title: VS (X) Change () Addition
Name: JERNIGAN, JOSEPH H. JR.
Address: C/O 1145 EAST 10TH AVENUE, BOX 728
City-St-Zip: GRACEVILLE, FL 32425

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOHNNY M. BROWN

PRES

04/21/2008

Electronic Signature of Signing Officer or Director

Date