2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# P94000046319

Entity Name: DAVENPORT'S NURSERY, INC.

Current Principal Place of Business:

1901 LAKE TRAFFORD RD
IMMOKALEE, FL 33934

New Principal Place of Business:

Current Mailing Address:

9064 THE LANE
NAPLES, FL 34109

New Mailing Address:

FEI Number: 65-0514058 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVENPORT, ROBERT E
9064 THE LANE
NAPLES, FL 34109 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: DAVENPORT, ROBERT E
Address: 9064 THE LANE
City-St-Zip: NAPLES, FL 34109

Title: ST ( ) Delete
Name: DAVENPORT, LYNETTE E
Address: 9064 THE LANE
City-St-Zip: NAPLES, FL 34109

Title: V ( ) Delete
Name: DAVENPORT, GREG
Address: 613 CORBEL DRIVE
City-St-Zip: NAPLES, FL 34110

Title: V ( ) Delete
Name: DAVENPORT, JEFF
Address: 19404 IMMOKALEE RD
City-St-Zip: NAPLES, FL 34120

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:

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: ROBERT E DAVENPORT PRES 01/16/2009
Electronic Signature of Signing Officer or Director — Date