

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000081484

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA-GEORGIA NURSERY, INC.

**Current Principal Place of Business:**

2104 NW US HWY 41  
JENNINGS, FL 32053 US

**New Principal Place of Business:**

6875 NW 19TH TRAIL  
JENNINGS, FL 32053 US

**Current Mailing Address:**

2104 NW US HWY 41  
JENNINGS, FL 32053 US

**New Mailing Address:**

6875 NW 19TH TRAIL  
JENNINGS, FL 32053 US

**FEI Number:** 59-3406467

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HUGHES, WILLIAM H III  
COBB, COLE & BELL  
131 NORTH GADSDEN ST.  
TALLAHASSEE, FL 32301 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: COGGINS, FELTON  
Address: 1962 CULPEPPER RD.  
City-St-Zip: LAKE PARK, GA 31636

Title: D  
Name: REYNOLDS, THOMAS A  
Address: 6875 NW 19TH TRL  
City-St-Zip: JENNINGS, FL 32053

I hereby 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 all other like empowered.

SIGNATURE: THOMAS A. REYNOLDS

DIR.

01/06/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date