

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000001319

Entity Name: GIDEONS NURSERY, INC.

**FILED**  
**Jan 07, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

902 E. C-476  
BUSHNELL, FL 33513

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1234  
BUSHNELL, FL 33513 US

**New Mailing Address:**

FEI Number: 65-0719491

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GIDEONS, TERRY N  
902 E. C-476  
BUSHNELL, FL 33513 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: PS  
Name: GIDEONS, TERRY N  
Address: 902 E HWY 476  
City-St-Zip: BUSHNELL, FL 33513

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: TERRY GIDEONS

PRES

01/07/2011

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

\_\_\_\_\_  
Date