

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P97000109015

**FILED**  
**Feb 17, 2009**  
**Secretary of State****Entity Name:** WEST ORANGE NURSERIES, INC.**Current Principal Place of Business:**4001 AVALON ROAD  
WINTER GARDEN, FL 34787 US**New Principal Place of Business:****Current Mailing Address:**4001 AVALON ROAD  
WINTER GARDEN, FL 34787 US**New Mailing Address:****FEI Number:** 59-3491712      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**PICKENS, STEVE  
1127 OAKDALE STREET  
WINDERMERE, FL 34786 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:** PD      ( ) Delete  
**Name:** PICKENS, STEVE  
**Address:** 1127 OAKDALE STREET  
**City-St-Zip:** WINDERMERE, FL 34786**Title:** SVP      (X) Delete  
**Name:** DAVIS, JERALD A JR  
**Address:** 4001 AVALON ROAD  
**City-St-Zip:** WINTER GARDEN, FL 34787**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD      (X) Change ( ) Addition  
**Name:** DAVIS, JERALD A JR  
**Address:** 4001 AVALON ROAD  
**City-St-Zip:** WINTER GARDEN, FL 34787**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: JERALD A DAVIS JR

PD

02/17/2009

Electronic Signature of Signing Officer or Director

Date