2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2012
Secretary of State

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Entity Name: BUCKHORN NURSERY, INC.

Current Principal Place of Business:

475 LAMBERT RD.
ZOLFO SPRINGS, FL 33890

New Principal Place of Business:

Current Mailing Address:

475 LAMBERT RD.
ZOLFO SPRINGS, FL 33890

New Mailing Address:

FEI Number: 65-0885030 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAMBERT, RONALD B
475 LAMBERT RD.
WAUCHULA, FL 33873 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: P
Name: LAMBERT, RONALD B
Address: 475 LAMBERT RD.
City-St-Zip: WAUCHULA, FL 33873

Title: S
Name: LAMBERT, MARGARET D
Address: 475 LAMBERT RD.
City-St-Zip: WAUCHULA, FL 33873

Title: V
Name: LAMBERT, RONALD P
Address: 514 BOYD COWART RD.
City-St-Zip: WAUCHULA, FL 33873

Title: V
Name: LAMBERT, HAROLD A
Address: 715 BOYD COWART RD.
City-St-Zip: WAUCHULA, FL 33873

Title: V
Name: LAMBERT, BRIAN SCOTT
Address: 1842 ODEN RD.
City-St-Zip: WAUCHULA, FL 33873

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: BRIAN LAMBERT V 03/06/2012

Electronic Signature of Signing Officer or Director Date