


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90019 044 \*\*\*150.00

<b>DOCUMENT # S74445</b> 1. Entity Name <b>WHITEHEAD'S NURSERY, INC.</b>					
Principal Place of Business <b>1024 MACON ROAD WINTER HAVEN FL 33880</b>			Mailing Address <b>1024 MACON ROAD WINTER HAVEN FL 33880</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-3087156</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WHITEHEAD, JOHN DALE 1024 LEXINGTON STREET LAKELAND FL 33801</b>				7. Name and Address of New Registered Agent Name <b>John Dale Whitehead</b> Street Address (P.O. Box Number is Not Acceptable) <b>3602 Jacque Lee LN.</b> City <b>Lakeland</b> <b>FL</b> Zip Code <b>33803</b>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>John Dale Whitehead</i> <span style="float: right;">2-4-08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITEHEAD, JOHN DALE 1024 LEXINGTON ST LAKELAND FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. John Dale Whitehead 3602 Jacque Lee LN. Lakeland FL 33803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Jacque Whitehead 3602 Jacque Lee LN. Lakeland FL 33803	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Jacque Whitehead 3602 Jacque Lee LN. Lakeland FL 33803	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>John Whitehead</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <span style="float: right;">863-324-5036</span> <small>Daytime Phone #</small>	