

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 458584

**Entity Name:** KINGSWOOD NURSERIES, INC.

**Current Principal Place of Business:**

2333 NE 19 AVENUE  
OCALA, FL 34470

**Current Mailing Address:**

2333 NE 19 AVENUE  
OCALA, FL 34470 US

**FEI Number:** 59-1544897

**Certificate of Status Desired:** No

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

DEVANE, BRIAN D  
6260 W HWY 326  
OCALA, FL 34482 US

*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

**Officer/Director Detail :**

Title PD  
Name DEVANE, BRIAN D  
Address 6260 W HWY 326  
City-State-Zip: Ocala FL 34482

Title T  
Name DEVANE, GWEN W  
Address 1030 SE 27TH STREET  
City-State-Zip: Ocala FL 34471

Title V  
Name DEVANE, HAROLD D  
Address 1030 SE 27TH STREET  
City-State-Zip: Ocala FL 34471

Title S  
Name DEVANE, ROBERTA A  
Address 6260 W HWY 326  
City-State-Zip: Ocala FL 34482

*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:** ROBERTA A DEVANE

**SECRETARY**

**04/22/2013**

Electronic Signature of Signing Officer/Director Detail

Date