

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H50837

**Entity Name:** C. D. NURSERY, INC.

**Current Principal Place of Business:**

C. D. NURSERY, INC.  
139 DEMOTT ROAD  
MONTICELLO, FL 32344

**FILED**  
**Apr 09, 2019**  
**Secretary of State**  
**4533099095CC**

**Current Mailing Address:**

C.D. NURSEY, INC. ATTN: DAVID HAMILTON  
P.O. BOX 137  
MONTICELLO, FL 32345 US

**FEI Number:** 59-2784584

**Certificate of Status Desired:** No

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

HAMILTON, DAVID L.  
C.D. NURSEY, INC. ATTN: DAVID HAMILTON  
P.O. BOX 137  
MONTICELLO, FL 32345 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            PRES  
Name            HAMILTON, MARCELINE S.  
                  PRESIDENT  
Address        C.D. NURSEY, INC. ATTN: DAVID  
                  HAMILTON  
                  P.O. BOX 137  
City-State-Zip: MONTICELLO FL 32345

Title            TRES  
Name            HAMILTON, DAVID L  
Address        P.O. BOX 137  
City-State-Zip: MONTICELLO FL 32345

Title            VP  
Name            HAMILTON, MARCELINE  
Address        C.D. NURSEY, INC. ATTN: DAVID  
                  HAMILTON  
                  P.O. BOX 137  
City-State-Zip: MONTICELLO FL 32345

Title            SEC  
Name            WAGNER, CYNTHIA H.  
Address        719 THISTLEWOOD DRIVE  
City-State-Zip: HOUSTON TX 77079

*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:** DAVID L. HAMILTON

**TREASURER**

**04/09/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date