

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H50837

**FILED  
Apr 27, 2020  
Secretary of State  
2427048993CC**

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

**Current Principal Place of Business:**

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

**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 HAMILTON

**TREAS.**

**04/27/2020**

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

\_\_\_\_\_  
Date