## **2014 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

**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. 1878 N JEFFERSON MONTICELLO, FL 32344 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

FILED Apr 10, 2014

**Secretary of State** 

CC9745289288

## Officer/Director Detail:

Title PRES Title TRES

NameHAMILTON, JACKNameHAMILTON, DAVID LAddress1750 N JEFFERSONAddress1878 N JEFFERSONCity-State-Zip:MONTICELLO FL 32344City-State-Zip:MONTICELLO FL 32344

Title VP Title SEC

NameHAMILTON, MARCELINENameWAGNER, CYNTHIA H.Address1750 N JEFFERSONAddress719 THISTLEWOOD DRIVECity-State-Zip:MONTICELLO FL 32344City-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.

Electronic Signature of Signing Officer/Director Detail