

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K60223

Entity Name: CRESTVIEW NURSERIES, INC.**Current Principal Place of Business:**5908 HOUSTON LANE
CRESTVIEW, FL 32539**Current Mailing Address:**5908 HOUSTON LANE
CRESTVIEW, FL 32539**FEI Number:** 59-2931556**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HORNE, DALLAS B
3705 HORNE HOLLOW ROAD
HOUSTON LANE
CRESTVIEW, FL 32539 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:** DALLAS HORNE

04/30/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|------------------------|
| Title | P |
| Name | HORNE, DALLAS B |
| Address | 3705 HORNE HOLLOW ROAD |
| City-State-Zip: | CRESTVIEW FL 32539 |

| | |
|-----------------|------------------------|
| Title | S |
| Name | HORNE, BARBARA B |
| Address | 3709 HORNE HOLLOW ROAD |
| City-State-Zip: | CRESTVIEW FL 32539 |

| | |
|-----------------|-------------------|
| Title | V |
| Name | HORNE, DANIEL G |
| Address | 4404 SKYLARK ROAD |
| City-State-Zip: | MILTON FL 32503 |

| | |
|-----------------|----------------------|
| Title | T |
| Name | HORNE, BARBARA B |
| Address | 3709 HORNE HOLLOW RD |
| City-State-Zip: | CRESTVIEW FL 32539 |

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: DALLAS B HORNE

PRESIDENT

04/30/2021

Electronic Signature of Signing Officer/Director Detail

Date