

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000076583

Entity Name: BEEMAN'S NURSERY INC**Current Principal Place of Business:**3637 STATE RD. 44
NEW SMYRNA BEACH, FL 32168**Current Mailing Address:**3637 STATE RD. 44
NEW SMYRNA BEACH, FL 32168**FEI Number:** 59-3662752**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BEEMAN, STEPHEN E
309 SOUTH INDIAN RIVER ROAD
NEW SMYRNA BEACH, FL 32169 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	BEEMAN, STEPHEN E
Address	309 SOUTH INDIAN RIVER ROAD
City-State-Zip:	NEW SMYRNA BEACH FL 32169

Title	SD
Name	BEEMAN, GRACYE R
Address	309 SOUTH INDIAN RIVER ROAD
City-State-Zip:	NEW SMYRNA BEACH FL 32169

Title	V
Name	BEEMAN, FOREST M
Address	3637 STATE ROAD 44
City-State-Zip:	NEW SMYRNA BEACH FL 32168

Title	T
Name	LINSLEY, COLETTE M
Address	3637 STATE ROAD 44
City-State-Zip:	NEW SMYRNA BEACH FL 32168

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: COLETTE LINSLEY**TREASURER****03/20/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date