

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000117389

Entity Name: WILLIAMS NURSERY, INC.**Current Principal Place of Business:**1419 FOX RUN DR
TARPON SPRINGS, FL 34689**Current Mailing Address:**P.O.BOX 218
TARPON SPRINGS, FL 34688**FEI Number:** 20-0336855**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILLIAMS, GARY W
1419 FOX RUN DR
TARPON SPRINGS, FL 34689 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	P/D
Name	WILLIAMS, GARY W
Address	1419 FOX RUN DR.
City-State-Zip:	TARPON SPRINGS FL 34689

Title	T/D
Name	WILLIAMS, GARY W
Address	1419 FOX RUN DR
City-State-Zip:	TARPON SPRINGS FL 34689

Title	V/D
Name	WILLIAMS, STEVEN
Address	1411 FOX RUN DR
City-State-Zip:	TARPON SPRINGS FL 34689

Title	S/D
Name	WILLIAMS, ROSEMARIE
Address	1419 FOX RUN DR
City-State-Zip:	TARPON SPRINGS, FL 34689

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: GARY WILLIAMS**PRESIDENT****02/27/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date