

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000035801

Entity Name: DEBARY NURSERY, INC.**Current Principal Place of Business:**61 S CHARLES RICHARD BEALL BLVD
DEBARY, FL 32713-3351**Current Mailing Address:**61 S CHARLES RICHARD BEALL BLVD
DEBARY, FL 32713-3351 US**FEI Number:** 20-0771371**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCCAIN, BEVERLY M
61 S CHARLES RICHARD BEALL BLVD
DEBARY, FL 32713 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
Name	MCCAIN, BEVERLY M
Address	484 WOOD EDGE ROAD
City-State-Zip:	ORANGE CITY FL 32763

Title	S
Name	MCCAIN, BEVERLY M
Address	484 WOOD EDGE ROAD
City-State-Zip:	ORANGE CITY FL 32763

Title	DIR
Name	MCCAIN, BEVERLY M
Address	484 WOOD EDGE ROAD
City-State-Zip:	ORANGE CITY FL 32763

Title	VP
Name	MCCAIN, DOUGLAS
Address	484 WOOD EDGE ROAD
City-State-Zip:	ORANGE CITY FL 32763

Title	T
Name	MCCAIN, BEVERLY M
Address	484 WOOD EDGE ROAD
City-State-Zip:	ORANGE CITY FL 32763

Title	DIR
Name	MCCAIN, DOUGLAS
Address	484 WOOD EDGE ROAD
City-State-Zip:	ORANGE CITY FL 32763

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: BEVERLY M. MCCAIN**PRESIDENT****02/11/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date