2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2014
Secretary of State
CC5316651712

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Entity Name: WOODLAND NURSERIES, INC.

Current Principal Place of Business:

4223 LAKESIDE DRIVE
ATTN: JOHN T CASSIDY SR
JACKSONVILLE, FL 32210

Current Mailing Address:

4223 LAKESIDE DRIVE
ATTN: JOHN T CASSIDY SR
JACKSONVILLE, FL 32210 US

FEI Number: 59-3097499

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CASSIDY, JOHN TSR.
4223 LAKESIDE DRIVE
JACKSONVILLE, FL 32210 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	Title	S
Name	CASSIDY, JOHN T., SR.	Name	NAUGHTON, CLAUDIA C.
Address	4223 LAKESIDE DRIVE ATTN: JOHN T CASSIDY SR	Address	4223 LAKESIDE DRIVE ATTN: JOHN T CASSIDY SR
City-State-Zip:	JACKSONVILLE FL 32210	City-State-Zip:	JACKSONVILLE FL 32210

Title	VP
Name	CASSIDY, RICHARD C., JR.
Address	4223 LAKESIDE DRIVE ATTN: JOHN T CASSIDY SR
City-State-Zip:	JACKSONVILLE FL 32210

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: JOHN T CASSIDY SR PRESIDENT 02/25/2014

Electronic Signature of Signing Officer/Director Detail — Date