

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V01530

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: No

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

Title S
Name NAUGHTON, CLAUDIA C.
Address 4223 LAKESIDE DRIVE
ATTN: JOHN T CASSIDY SR
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

02/24/2015

Electronic Signature of Signing Officer/Director Detail

Date