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.

VS

SIGNATURE: SUSAN NEWBERRY

Electronic Signature of Signing Officer/Director Detail

Title	PT	Title	VS	
Name	NEWBERRY, BILLY F	Name	NEWBERRY, SUSAN	
Address	850 INDIANA AVENUE NORTH	Address	850 INDIANA AVENUE NORTH	
City-State-Zip:	ENGLEWOOD FL 34223	City-State-Zip:	ENGLEWOOD FL 34223	

Electronic Signature of Registered Agent

SIGNATURE:

Officer/Director Detail :					
Title	PT	Title	VS		
Name	NEWBERRY, BILLY F	Name	NEWBERRY, SUSAN		
Address	850 INDIANA AVENUE NORTH	Address	850 INDIANA AVENUE NORTH		
City-State-Zip:	ENGLEWOOD FL 34223	City-State-Zip:	ENGLEWOOD FL 34223		

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.

Name and Address of Current Registered Agent:

NEWBERRY, SUSAN 850 INDIANA AVENUE NORTH ENGLEWOOD, FL 34223 US

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000078241

Entity Name: OAK FARMS NURSERY WHOLESALE & RETAIL, INC.

Current Principal Place of Business:

850 INDIANA AVENUE NORTH ENGLEWOOD, FL 34223

Current Mailing Address:

850 INDIANA AVENUE NORTH ENGLEWOOD. FL 34223

FEI Number: 01-0736909

01/28/2014 Date

FILED Jan 28, 2014 Secretary of State CC9957768977

Date

Certificate of Status Desired: Yes