

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000097650

Entity Name: S & A NURSERY, INC.

FILED
Jan 28, 2005
Secretary of State

Current Principal Place of Business:

9216 NW 196TH STREET
STARKE, FL 32091

New Principal Place of Business:

Current Mailing Address:

9216 NW 196TH STREET
STARKE, FL 32091

New Mailing Address:

FEI Number: 11-3668182

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANCHEZ, JR., ALDON B
9216 NW 196 ST
STARKE, FL 32091 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SANCHEZ, JR., ALDON B
Address: 9216 NW 196 STREET
City-St-Zip: STARKE, FL 32091

Title: STD () Delete
Name: SANCHEZ, SHELBY E
Address: 9216 NW 196 STREET
City-St-Zip: STARKE, FL 32091

Title: D () Delete
Name: AZZOLINA, ROCCO
Address: 15971 LEMACK ROAD
City-St-Zip: DADE CITY, FL 33523

Title: D () Delete
Name: AZZOLINA, MOZELL
Address: 15971 LEMACK ROAD
City-St-Zip: DADE CITY, FL 33523

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ALDON B SANCHEZ

PRES

01/28/2005

Electronic Signature of Signing Officer or Director

Date