

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90029 032 \*\*\*150.00

**DOCUMENT # P03000010896**



1. Entity Name

A & G PLANT NURSERY, INC.

Principal Place of Business

16532 HUTCHISON ROAD  
ODESSA FL 33556-2322

Mailing Address

16532 HUTCHISON ROAD  
ODESSA FL 33556-2322

54020469



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1170441

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

VICHOT, ANTONIO JR  
16528 HUTCHISON ROAD  
ODESSA FL 33556-2322

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004. Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME VICHOT, ANTONIO SR  
STREET ADDRESS 16532 HUTCHISON ROAD  
CITY-ST-ZIP ODESSA FL 33556-2322

TITLE TD ☐ Delete  
NAME VICHOT, GLORIA  
STREET ADDRESS 16532 HUTCHISON ROAD  
CITY-ST-ZIP ODESSA FL 33556-2322

TITLE SD ☐ Delete  
NAME VICHOT, DIANA  
STREET ADDRESS 16528 HUTCHISON ROAD  
CITY-ST-ZIP ODESSA FL 33556-2322

TITLE VD ☐ Delete  
NAME VICHOT, ANTONIO JR.  
STREET ADDRESS 16528 HUTCHISON ROAD  
CITY-ST-ZIP ODESSA FL 33556-2322

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Diana Vichot* - Diana Vichot (Sec)

Date

3/14/04

Daytime Phone #

(813) 920-1994