2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# P03000010896

Entity Name: A & G PLANT NURSERY, INC.

Current Principal Place of Business:

16532 HUTCHISON ROAD
ODESSA, FL 335562322

New Principal Place of Business:

Current Mailing Address:

16532 HUTCHISON ROAD
ODESSA, FL 335562322

New Mailing Address:

FEI Number: 65-1170441 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VICHOT, ANTONIO JR
16528 HUTCHISON ROAD
ODESSA, FL 335562322 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: VICHOT, ANTONIO SR
Address: 16532 HUTCHISON ROAD
City-St-Zip: ODESSA, FL 335562322

Title: TD ( ) Delete
Name: VICHOT, GLORIA
Address: 16532 HUTCHISON ROAD
City-St-Zip: ODESSA, FL 335562322

Title: SD ( ) Delete
Name: VICHOT, DIANA
Address: 16528 HUTCHISON ROAD
City-St-Zip: ODESSA, FL 335562322

Title: VD ( ) Delete
Name: VICHOT, ANTONIO JR.
Address: 16528 HUTCHISON ROAD
City-St-Zip: ODESSA, FL 335562322

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 exemption stated in Chapter 119, 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: ANTONIO VICHOT PRES 04/14/2009

Electronic Signature of Signing Officer or Director — Date