


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # 524064 1. Entity Name VET'S WHOLESALE NURSERY, INC.	
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Principal Place of Business 13450 CORAL DR SW P.O. BOX 608 SEFFNER, FL 33584 US	Mailing Address 1525 E OLD HILLSBOROUGH AVE. P.O. BOX 608 SEFFNER, FL 33584
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04242007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1706810	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAILEY, AARON D.
1525 E OLD HILLSBOROUGH AVE
SEFFNER, FL 33584

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAILEY, AARON D. 1405 VINEWOOD DR. SEFFNER FL,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BAILEY, SCOTT A 313 CHASTAIN RD SEFFNER, FL
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05/22/07-80074-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Aaron D. Bailey Date: 4/30/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

Aaron D. Bailey