

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**27 Mar 15, 2006 8:00 am
Secretary of State**

02-27-2006 90110 033 ***150.00

DOCUMENT # F21901

1. Entity Name
H & G WHOLESALE NURSERIES, INC.



Principal Place of Business
**907 BLANDING BLVD
ORANGE PARK, FL 32065-6205 US**

Mailing Address
**907 BLANDING BLVD.
907 BLANDING BLVD
ORANGE PARK, FL 32065-6205 US**

00000421



01032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2054874

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HALL, GEORGE E
907 BLANDING BLVD.
ORANGE PARK, FL 32073**

**DO NOT WRITE
IN THIS SPACE**

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 George E. Hall President of H & G Wholesale Nur Inc 2-10-06
Signature, name 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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	HALL, URSELL L
STREET ADDRESS	1898 COMMADORE POINT DR
CITY- ST- ZIP	ORANGE PARK, FL 32003
TITLE	VD
NAME	GOODBREAD, ROBERT L
STREET ADDRESS	2130 TREASURE POINT ROAD
CITY- ST- ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	PD
NAME	HALL, GEORGE E
STREET ADDRESS	2190 AARON DRIVE
CITY- ST- ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	VD
NAME	HALL, JOSPEH D
STREET ADDRESS	2140 TREASURE POINT ROAD
CITY- ST- ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: George E. Hall President George E. Hall, President

904-272-1616

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone

Daytime Phone



ATTACHMENT
66005241

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 2, 2006

H & G WHOLESALE NURSERIES, INC.
907 BLANDING BLVD.
907 BLANDING BLVD
ORANGE PARK, FL 32065-6205 US

Subject: H & G WHOLESALE NURSERIES, INC.

Reference Number: **F21901**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH
ANNUAL REPORTS SECTION