


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90064 037 \*\*\*150.00

<b>DOCUMENT # F21901</b> 1. Entity Name <b>H &amp; G WHOLESALE NURSERIES, INC.</b>					
Principal Place of Business <b>907 BLANDING BLVD ORANGE PARK, FL 32065-6205 US</b>			Mailing Address <b>907 BLANDING BLVD. 907 BLANDING BLVD ORANGE PARK, FL 32065-6205 US</b>		
2. Principal Place of Business - No P.O. Box # <b>5987 Highway 17 South</b>		3. Mailing Address <b>5987 Highway 17 South</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Green Cove Springs, FL</b>		City & State <b>Green Cove Springs, FL</b>		4. FEI Number <b>59-2054874</b>	
Zip <b>32043</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HALL, GEORGE E 907 BLANDING BLVD. ORANGE PARK, FL 32073</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>5987 Highway 17 South</b> City <b>Green Cove Springs</b> <b>FL</b> Zip Code <b>32043</b>	
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: <u><i>George E Hall President</i></u> DATE: <u><i>4-10-07</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HALL, URSELL L 1898 COMMADORE POINT DR ORANGE PARK, FL 32003	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GOODBREAD, ROBERT L 2130 TREASURE POINT ROAD GREEN COVE SPRINGS, FL 32043	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HALL, GEORGE E 2190 AARON DRIVE GREEN COVE SPRINGS, FL 32043	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HALL, JOSPEH D 2140 TREASURE POINT ROAD GREEN COVE SPRINGS, FL 32043	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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: <u><i>George E Hall President</i></u> <b>George E. Hall, President</b> <u><i>4-10-07</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					