

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # F21901

1. Entity Name

H & G WHOLESALE NURSERIES, INC.



Principal Place of Business

5987 HIGHWAY 17 SOUTH
GREEN COVE SPRINGS FL 32043
US

Mailing Address

5987 HIGHWAY 17 SOUTH
GREEN COVE SPRINGS FL 32043
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

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

7. Name and Address of New Registered Agent

HALL, GEORGE E
5987 HIGHWAY 17 SOUTH
GREEN COVE SPRINGS FL 32043

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

George E. Hall

President

2-2-08

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

(NOTE: Registered Agent signature required when name change)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input type="checkbox"/> Delete
NAME	HALL, URSSELL L	
STREET ADDRESS	1898 COMMADORE POINT DR	
CITY-ST-ZIP	ORANGE PARK FL 32003	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GOODBREAD, ROBERT L	
STREET ADDRESS	2130 TREASURE POINT ROAD	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HALL, GEORGE E	
STREET ADDRESS	2190 AARON DRIVE	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HALL, JOSPEH D	
STREET ADDRESS	2140 TREASURE POINT ROAD	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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03/04/08-80010-008 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

George E. Hall, President

2-2-08

904 282-0146

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/No Phone #