

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F21901

FILED
Jan 26, 2009
Secretary of State

Entity Name: H & G WHOLESALE NURSERIES, INC.

Current Principal Place of Business:

5987 HIGHWAY 17 SOUTH
GREEN COVE SPRINGS, FL 32043 US

New Principal Place of Business:

Current Mailing Address:

5987 HIGHWAY 17 SOUTH
GREEN COVE SPRINGS, FL 32043 US

New Mailing Address:

FEI Number: 59-2054874 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALL, GEORGE E
5987 HIGHWAY 17 SOUTH
GREEN COVE SPRINGS, FL 32043 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: VD () Delete
Name: HALL, URSELL L
Address: 1898 COMMADORE POINT DR
City-St-Zip: ORANGE PARK, FL 32003

Title: VD () Delete
Name: GOODBREAD, ROBERT L
Address: 2130 TREASURE POINT ROAD
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: PD () Delete
Name: HALL, GEORGE E
Address: 2190 AARON DRIVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: VD () Delete
Name: HALL, JOSPEH D
Address: 2140 TREASURE POINT ROAD
City-St-Zip: GREEN COVE SPRINGS, FL 32043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: HALL, RUSSELL L
Address: 1898 COMMADORE POINT DR
City-St-Zip: ORANGE PARK, FL 32003

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: GEORGE E. HALL

PD

01/26/2009

Electronic Signature of Signing Officer or Director

_____ Date