


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 08:00 AM
Secretary of State

DOCUMENT # K14348
 1. Entity Name
T & G NURSERY, INC.



Principal Place of Business
**6702 W. THONOTOSASSA RD
 PLANT CITY, FL 33565-8478**

Mailing Address
**P O BOX 331
 VALRICO, FL 33594 US**

DO NOT WRITE IN THIS SPACE



01052008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0035267 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HOLCOMBE, THOMAS M
 6702 W. THONOTOSASSA RD
 PLANT CITY, FL 33565**

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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, 2008 Fee will be \$550.00**

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

U00000899736
 04/29/08-80001-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HOLCOMBE, THOMAS M.
STREET ADDRESS	3005 WISTER CIRCLE
CITY-ST-ZIP	VALRICO, FL
TITLE	S
NAME	HOLCOMBE, J. MARIE
STREET ADDRESS	3005 WISTER CIRCLE
CITY-ST-ZIP	VALRICO, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: J Marie Holcombe **4-14-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #