

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # K88934

1. Entity Name

GONZALEZ WHOLESALE NURSERY & SUPPLIES, INC.



FILED
Apr 02, 2008 08:00 AM
Secretary of State

Principal Place of Business

7460 PINE FOREST RD
PENSACOLA FL 32526
US

Mailing Address

7460 PINE FOREST RD
PENSACOLA FL 32526
US



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/07)

Zip

Country

Zip

Country

4. FEI Number

59-2947442

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

WILLIAMS, WYNDELL
7460 PINE FOREST ROAD
PENSACOLA FL 32526

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

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

(NOTE: Registered Agent signature required when removing)

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 ☐ Delete
NAME WILLIAMS, WYNDELL
STREET ADDRESS 7460 PINE FOREST RD
CITY-ST-ZIP PENSACOLA FL 32526

TITLE ☐ Change ☐ Addition
NAME U00000877021
STREET ADDRESS 04/11/08-80097-010 150.00
CITY-ST-ZIP

TITLE ☐ Delete
NAME WILLIAMS, DEWAYNE
STREET ADDRESS 7460 PINE FOREST RD
CITY-ST-ZIP PENSACOLA FL 32526

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME WILLIAMS, LAVELLE
STREET ADDRESS 7460 PINE FOREST RD
CITY-ST-ZIP PENSACOLA FL 32526

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

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: *Darryl W. Williams* *DARRYL W WILLIAMS* 3.3.1.08 1-850-944-9911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #