

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K88934

FILED  
Jan 26, 2009  
Secretary of State

**Entity Name:** GONZALEZ WHOLESALE NURSERY & SUPPLIES, INC.

**Current Principal Place of Business:**

7460 PINE FOREST RD  
PENSACOLA, FL 32526 US

**New Principal Place of Business:**

**Current Mailing Address:**

7460 PINE FOREST RD  
PENSACOLA, FL 32526 US

**New Mailing Address:**

**FEI Number:** 59-2947442

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIAMS, WYNDELL  
7460 PINE FOREST ROAD  
PENSACOLA, FL 32526 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: D ( ) Delete  
Name: WILLIAMS, WYNDELL  
Address: 7460 PINE FOREST RD  
City-St-Zip: PENSACOLA, FL 32526

Title: D ( ) Delete  
Name: WILLIAMS, DEWAYNE  
Address: 7460 PINE FOREST RD  
City-St-Zip: PENSACOLA, FL 32526

Title: D ( ) Delete  
Name: WILLIAMS, LAVELLE  
Address: 7460 PINE FOREST RD  
City-St-Zip: PENSACOLA, FL 32526

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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:** WYNDELL WILLIAMS

PRES

01/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date