2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P01000113768

1. Entity Name A & S HORTICULTURE, INC.



Jan 08.

Principal Place of Business

4738 STATE ROAD 44 NEW SMYRNA BEACH, FL 32168 Mailing Address 1640 CHINOOK TRAIL MAITLAND, FL 32751



1052007	No Chg-P	CR2E034 (11/05)	

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For	
59-3747297		Not Applicable
5. Certificate of Status Desired		\$8.75 Additional

•				59-3747297 Not Applicat						
				5. Certificate	of Status Desired	□ \$8.75 Fee Requ	Additiona! pired			
	6. Name and Address of Current Regis	tered Agent								
BROWN, ANDREA A 1640 CHINOOK TRAIL MAITLAND, FL 32751			DO NOT WRITE IN THIS SPACE							
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			f Agent signature	ature required when reinstating) DATE						
		Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	000600 01/09/07-)578166 -80019-004	150.00			
10.	OFFICERS AND DIREC	CTORS			 					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, STEVEN A 1640 CHINOOK TRAIL MAITLAND, FL 32751									
NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, ANDREA A 1640 CHINOOK TRAIL MAITLAND, FL 32751		,	,		·· ·				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WI	RITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPA	ACE				
TITLE NAME STREET ADDRESS										

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 his 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 for 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 an other like empowered.

SIGNATURE:

TITLE STREET ADDRESS CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

1-4-2007

321 436-7655