2007 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P02000006815

1. Entity Name

Principal Place of Business

PRESIDENTIAL NURSERY INC.



Mailing Address

240 S ARBOLEDA ST 240 S ARBOLEDA ST CLEWISTON, FL 33440 CLEWISTON, FL 33440

FILED Apr 23, 2007 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

04162007 No Chg-P CR2E034 (11/05)

4. FEI Number		Applied Fol
26-0016836		Not Applicable
5. Certificate of Status Desired	\$8.75 Fee Req	Additional uired

6. Name and Address of Current Registered Agent

SALGADO, JUAN 240 S ARBOLEDA ST CLEWISTON, FL 33440

SIGNATURE:

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the p ions of registered agent.	urpose of changing its regi	stered office or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title of	applicable (NOTE, Regi	stered Agent signatur	e required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees					
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SALGADO, JUAN 240 S ARBOLEDA ST CLEWISTON, FL 33440				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000721797 05/02/07-80005-018 150.0
TITLE NAME STREET ADDRESS CITY-ST-ZIP)
indicated of the cor	on this report or supplemental report is true a	nd accurate and that my si I to execute this report as re	anature shall ha	ive the same legal effe oter 607, Florida Statut	9, Florida Statutes. I further certify that the information at it is a made under oath; that I am an officer or director tes; and that my name appears in Block 10 or Block 11 if

OER OR DIRECTOR