


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000010896 1. Entity Name A & G PLANT NURSERY, INC.					
Principal Place of Business 16532 HUTCHISON ROAD ODESSA FL 33556-2322		Mailing Address 16532 HUTCHISON ROAD ODESSA FL 33556-2322			
2. Principal Place of Business - No P.O. Box # Suite, Apt #, etc.		3. Mailing Address Suite, Apt #, etc.			
City & State		City & State		4. FEI Number 65-1170441	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VICHOT, ANTONIO JR 16528 HUTCHISON ROAD ODESSA FL 33556-2322				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	PD <input type="checkbox"/> Delete VICHOT, ANTONIO SR 16532 HUTCHISON ROAD ODESSA FL 33556-2322	TITLE NAME STREET ADDRESS CITY ST ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/> UN00000618730 02/08/07-80044-009 150.00		
TITLE NAME STREET ADDRESS CITY ST ZIP	TD <input type="checkbox"/> Delete VICHOT, GLORIA 16532 HUTCHISON ROAD ODESSA FL 33556-2322	TITLE NAME STREET ADDRESS CITY ST ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY ST ZIP	SD <input type="checkbox"/> Delete VICHOT, DIANA 16528 HUTCHISON ROAD ODESSA FL 33556-2322	TITLE NAME STREET ADDRESS CITY ST ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY ST ZIP	VD <input type="checkbox"/> Delete VICHOT, ANTONIO JR. 16528 HUTCHISON ROAD ODESSA FL 33556-2322	TITLE NAME STREET ADDRESS CITY ST ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 19, 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: <u>Diana Vichot</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>1/30/07</u>		Daytime Phone #: <u>(813) 920-1994</u>	