


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

DOCUMENT # P03000010896

1. Entity Name
A & G PLANT NURSERY, INC.



Principal Place of Business Mailing Address
16532 HUTCHISON ROAD **16532 HUTCHISON ROAD**
ODESSA FL 33556-2322 **ODESSA FL 33556-2322**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State City & State

4. FEI Number Applied For
65-1170441 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired \$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 **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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when constituting)

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	VICHOT, ANTONIO SR	
STREET ADDRESS	16532 HUTCHISON ROAD	
CITY-ST-ZIP	ODESSA FL 33556-2322	
TITLE	TD	<input type="checkbox"/> Delete
NAME	VICHOT, GLORIA	
STREET ADDRESS	16532 HUTCHISON ROAD	
CITY-ST-ZIP	ODESSA FL 33556-2322	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VICHOT, DIANA	
STREET ADDRESS	16528 HUTCHISON ROAD	
CITY-ST-ZIP	ODESSA FL 33556-2322	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VICHOT, ANTONIO JR.	
STREET ADDRESS	16528 HUTCHISON ROAD	
CITY-ST-ZIP	ODESSA FL 33556-2322	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *Diana Vichot* Diana Vichot 3/31/08 (813) 920-1994

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #