


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90073 033 ***158.75

DOCUMENT # P06000058869 1. Entity Name A-OK NURSERY CORP																																																																																																																	
Principal Place of Business 2220 CLASSIC CT LONGWOOD, FL 32779 US			Mailing Address P O BOX 916013 LONGWOOD, FL 32791 US																																																																																																														
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																															
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																															
City & State		City & State																																																																																																															
Zip	Country	Zip	Country																																																																																																														
6. Name and Address of Current Registered Agent YOO, JUNE 2220 CLASSIC CT LONGWOOD, FL 32779			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																														
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 reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																																																																																																																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																													
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">Delete</td> </tr> <tr> <td>NAME</td> <td>YOO, JUNE C</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2220 CLASSIC CT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LONGWOOD, FL 32779</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D VP</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>YOO, STANLEY S</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2220 CLASSIC CT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LONGWOOD, FL 32779</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">Change Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	Delete	NAME	YOO, JUNE C	<input type="checkbox"/>	STREET ADDRESS	2220 CLASSIC CT		CITY-ST-ZIP	LONGWOOD, FL 32779		TITLE	D VP	<input checked="" type="checkbox"/>	NAME	YOO, STANLEY S		STREET ADDRESS	2220 CLASSIC CT		CITY-ST-ZIP	LONGWOOD, FL 32779		TITLE		<input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Change Addition	NAME		<input type="checkbox"/> <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	NAME	Delete																																																																																																															
NAME	YOO, JUNE C	<input type="checkbox"/>																																																																																																															
STREET ADDRESS	2220 CLASSIC CT																																																																																																																
CITY-ST-ZIP	LONGWOOD, FL 32779																																																																																																																
TITLE	D VP	<input checked="" type="checkbox"/>																																																																																																															
NAME	YOO, STANLEY S																																																																																																																
STREET ADDRESS	2220 CLASSIC CT																																																																																																																
CITY-ST-ZIP	LONGWOOD, FL 32779																																																																																																																
TITLE		<input type="checkbox"/>																																																																																																															
NAME																																																																																																																	
STREET ADDRESS																																																																																																																	
CITY-ST-ZIP																																																																																																																	
TITLE		<input type="checkbox"/>																																																																																																															
NAME																																																																																																																	
STREET ADDRESS																																																																																																																	
CITY-ST-ZIP																																																																																																																	
TITLE		<input type="checkbox"/>																																																																																																															
NAME																																																																																																																	
STREET ADDRESS																																																																																																																	
CITY-ST-ZIP																																																																																																																	
TITLE	NAME	Change Addition																																																																																																															
NAME		<input type="checkbox"/> <input type="checkbox"/>																																																																																																															
STREET ADDRESS																																																																																																																	
CITY-ST-ZIP																																																																																																																	
TITLE		<input type="checkbox"/> <input type="checkbox"/>																																																																																																															
NAME																																																																																																																	
STREET ADDRESS																																																																																																																	
CITY-ST-ZIP																																																																																																																	
TITLE		<input type="checkbox"/> <input type="checkbox"/>																																																																																																															
NAME																																																																																																																	
STREET ADDRESS																																																																																																																	
CITY-ST-ZIP																																																																																																																	
TITLE		<input type="checkbox"/> <input type="checkbox"/>																																																																																																															
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 Chapter 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 the empowered.																																																																																																																	
SIGNATURE: <u>X <i>June Yoo</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				3/18/08 <small>Date</small>																																																																																																													