


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2008 8:00 am
Secretary of State

07-11-2008 90016 036 ***150.00

DOCUMENT # P94000019463 1. Entity Name F&C NURSERY, INC.	
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Principal Place of Business 16401 S.W. 232ND ST. GOULDS, FL 33170	Mailing Address 16401 S.W. 232ND ST. GOULDS, FL 33170
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DO NOT WRITE IN THIS SPACE

40110265



07092008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0476217	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MUNOZ, CARMEN 16401 S.W. 232ND ST. GOULDS, FL 33170
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**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.

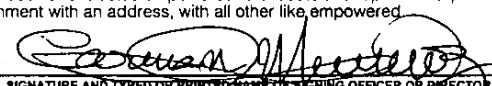
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MUNOZ, CARMEN 16401 S.W. 232ND ST. GOULDS, FL 33170
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**DO NOT WRITE
IN THIS SPACE**

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 like empowered.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____