


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000073966 1. Entity Name H. NURSERIES & GREENHOUSES, INC.	
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Principal Place of Business 603 S. HERMIT SMITH ROAD PLYMOUTH, FL 32768	Mailing Address P.O. BOX 385 PLYMOUTH, FL 32768
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3340997	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

HOGSHEAD, RODNEY C
603 S. HERMIT SMITH ROAD
PLYMOUTH, FL 32768

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD HOGSHEAD, RODNEY C III 603 S. HERMIT SMITH ROAD PLYMOUTH, FL 32768
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CURLEY, FRED 603 S. HERMIT SMITH ROAD PLYMOUTH, FL 32768
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05/14/08-80005-011 150.00

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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:  Rodney C. Hogshead III 407-886-1135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

APR 03 2008