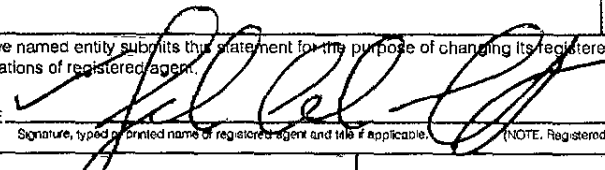
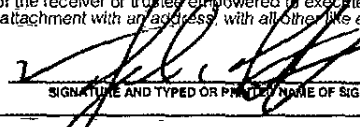


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 014018 1. Entity Name MELROSE NURSERY, INC.					
Principal Place of Business 26100 SW 112 AVE HOMESTEAD, FL 33032 US			Mailing Address 26100 SW 112 AVE HOMESTEAD, FL 33032 US		
2. Principal Place of Business Suite, Apt #, etc.			3. Mailing Address Suite, Apt #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-0356195	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent FRITZ, JOHN C 10950 SW 27TH ST. DAVIE, FL 33328				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.				FL Zip Code	
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)				DATE 1/17/05	
FILE NOW! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution ☐ \$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 FRITZ, JOHN C 26100 SW 112 AVE HOMESTEAD, FL 33032	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRITZ, JOYCE W 26100 SW 112 AVE HOMESTEAD, FL 33032	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRITZ, JACK S 26100 SW 112 AVE HOMESTEAD, FL 33032	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRITZ, JEFFREY E 26100 SW 112 AVE HOMESTEAD, FL 33032	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  JOHN C FRITZ 1/17/05 305-258-3411 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					