2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2004
Secretary of State

DOCUMENT# 598883

Entity Name: MALLOY'S NURSERY, INC.

Current Principal Place of Business:

U.S. 19 NORTH
POST OFFICE BOX 224
MONTICELLO, FL 32345

New Principal Place of Business:

2837 N JEFFERSON
POST OFFICE BOX 224
MONTICELLO, FL 32345

Current Mailing Address:

U.S. 19 NORTH
POST OFFICE BOX 224
MONTICELLO, FL 32345

New Mailing Address:

FEI Number: 59-2007989 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MALLOY, WOODROW W
U.S.90 WEST
MONTICELLO FL, FL 32344 US

Name and Address of New Registered Agent:

MALLOY, HAROLD
2837 N. JEFFERSON
P.O. BOX 224
MONTICELLO FL, FL 32344 US

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.

SIGNATURE: HAROLD MALLOY 01/22/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD (X) Delete
Name: MALLOY, WOODROW W,
Address: US.90 WEST
City-St-Zip: MONTICELLO, FL

Title: VPD ( ) Delete
Name: MALLOY, CLYDE,
Address: US 19 NORTH
City-St-Zip: MONTICELLO, FL

Title: SD ( ) Delete
Name: RITTER, LOIS M,
Address: US 19 NORHT
City-St-Zip: MONTICELLO, FL

Title: VPD ( ) Delete
Name: MALLOY, HAROLD
Address: U.S. 19 NORTH
City-St-Zip: MONTICELLO, FL 32344

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: MALLOY, CLYDE,
Address: US 19 NORTH
City-St-Zip: MONTICELLO, FL

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAROLD MALLOY VPD 01/22/2004
Electronic Signature of Signing Officer or Director Date