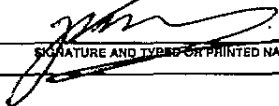


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2004 08:00 AM
Secretary of State

DOCUMENT # F64087 1. Entity Name RANCH ROAD GREENHOUSES, INC.			
Principal Place of Business % JACOB KOORNNEEF 5700 SIMS ROAD DELRAY BEACH, FL 33484-2512		Mailing Address % JACOB KOORNNEEF 5700 SIMS ROAD DELRAY BEACH, FL 33484-2512	
DO NOT WRITE IN THIS SPACE			
			
		03122004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2142356	Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KOORNNEEF, JACOB 5700 SIMS ROAD DELRAY BEACH, FL		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, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		000000096088 03/25/04-80015-022 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS KOORNNEEF, EDWARD 130 DEANNA DRIVE LAKE PLACID, FL 33852	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPR KOORNNEEF, JACOB 7752 BRIDLINGTON DRIVE BOYNTON BEACH, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		3/22/04 561-498-3200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VPS		Date Daytime Phone #	