


FILED
May 06, 2004 8:00 am
Secretary of State

04-21-2004 90028 026 ***158.75

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F96000006504 1. Entity Name VERTI-GRO, INC.		
Principal Place of Business 15000 SE HWY 441 SUMMERFIELD, FL 34491 US		Mailing Address 15000 SE HWY 441 SUMMERFIELD, FL 34491 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CARPENTER, TIM D 15000 SE HWY 441 SUMMERFIELD, FL 34491		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: <u><i>Tim D Carpenter</i></u> DATE: <u>4-13-04</u> <small>Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reappointing)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CARPENTER, TIM D 15000 SE US HWY. 441/27 SUMMERFIELD, FL 34491	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARPENTER, BARBARA C 15000 SE US HWY. 441/27 SUMMERFIELD, FL 34491	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
DO NOT WRITE IN THIS SPACE		
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: <u><i>Tim D Carpenter</i></u> DATE: <u>4-13-04</u> 352-347-9888 <small>Signature and typed or printed name of signing officer or director</small>		