


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L67805**  
1. Entity Name  
AVANTI NURSERY, INC.



Principal Place of Business      Mailing Address  
1031 SO YACHTSMAN DR      1031 SO YACHTSMAN DR  
SANIBEL, FL 33957      SANIBEL, FL 33957

**DO NOT WRITE IN THIS SPACE**



01272004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
59-3012471      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
SHEPHERD, JAMES E.  
1450 SR 434 W  
SUITE 200  
LONGWOOD, FL 32750

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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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD WALLIN, ALLEN DEAN 1915 KING ARTHUR CIRCLE MAITLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COOK, DONALD W. 1031 S YACHTSMAN DR SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/06/04-80140-014 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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:**       1/31/04 954-605-9080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #