


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91044 009 ***150.00

DOCUMENT # P03000012941

1. Entity Name
SEE ME GROW, INC.



Principal Place of Business
1808 VISCONTI DRIVE
JACKSONVILLE, FL 32211

Mailing Address
1808 VISCONTI DRIVE
JACKSONVILLE, FL 32211



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

04222004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
HOLBROOK, H. LEON III
ONE INDEPENDENT DRIVE SUITE 2301
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent

Name: Laurie H Nelson
Street Address (P.O. Box Number is Not Acceptable): 1808 Visconti Dr
City: Jacksonville FL Zip Code: 32211

4. FEI Number
06-1684527
Applied For: Not Applicable:

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

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: Laurie Nelson - Vice President
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE: 4-26-04

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	NELESEN, JOHN MICHAEL	
STREET ADDRESS	1808 VISCONTI DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32211	
TITLE	D	<input type="checkbox"/> Delete
NAME	NELESEN, LAURIE HARPER	
STREET ADDRESS	1808 VISCONTI DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32211	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAVIGNE, CONNIE C	
STREET ADDRESS	1808 VISCONTI DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32211	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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: Laurie Nelson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 4-26-04
DAYTIME PHONE #: 904-720-0761