

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 11, 2004 8:00 am**  
**Secretary of State**

08-11-2004 90005 003 \*\*\*158.75

**DOCUMENT # P03000056787**



1. Entity Name  
**3D HYDROPONICS, INC.**

Principal Place of Business  
**17202 WATERLINE RD  
 BRADENTON, FL 34212**

Mailing Address  
**17202 WATERLINE RD  
 BRADENTON, FL 34212**

**34067875**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

07022004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number  
**43-2017733**

Applied For  
 Not Applicable

Zip Country Zip Country

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**DONLEY, J. EDWARD  
 17202 WATERLINE RD  
 BRADENTON, FL 34212**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
 Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-ST-ZIP		<b>President J. Edward Donley 17202 Waterline Rd Bradenton FL 34212</b>	
NAME STREET ADDRESS CITY-ST-ZIP		<b>Director Daryl E. Donley 4556 Hackleberry Ct Hilliard OH 43026</b>	
NAME STREET ADDRESS CITY-ST-ZIP		<b>Director Timothy M. Donley 449 Lynshire Ln Findlay OH 45840</b>	
NAME STREET ADDRESS CITY-ST-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP			
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:** J. Edward Donley **J. Edward Donley** 8/9/04 941-749-1888  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #