2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 08, 2004 8:00 am Secretary of State DOCUMENT # P03000082883 1. Entity Name 04-08-2004 90048 016 ***150.00 HARRY'S PLANT OUTLET, INC. Principal Place of Business Mailing Address 4940 HIAWASSEE RD 4940 HIAWASSEE RD ORLANDO FL 32818 ORLANDO FL 32818 2. Principal Place of Susiness 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE Applied For City & State City & State 4. FEI Number Vot Applicable Zin Country 7ip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BELL, HENRY G Street Address (P.O. Box Number is Not Acceptable) 4940 HIAWASSEE RD ORLANDO FL 32818 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. egistered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE Delete TITLE ☐ Addition BELL, HENRY G NAME NAME 4940 HIAWASSEE RD STREET ADDRESS STREET ADDRESS ORLANDO FL 32818 CITY-ST-ZIP CITY-ST-ZIP VS TETLE ☐ Delete ☐ Channe TITLE ☐ Addition NAME BELL, MARGARET C NAME 4940 HIAWASSEE RD STREET ADDRESS STREET ADDRESS ORLANDO, FL 32818 CITY-ST-ZIP CITY-SY-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of the

address, with all other like empowered.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachmen

SIGNATURE:

FILED