

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000025675 1. Entity Name GOODFELLOWS HORTICULTURAL SERVICES, INC.			
Principal Place of Business 2421 BUCKHORN MANOR DR VALRICO, FL 33594-4777		Mailing Address 2421 BUCKHORN MANOR DR VALRICO, FL 33594-4777	
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Country	
4. FEI Number 58-3431779		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GOODFELLOW, TODD C 2421 BUCKHORN MANOR DR VALRICO, FL 33594		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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, the stated agent. SIGNATURE: <i>Darlene R. Goodfellow</i> <i>Darlene R. Goodfellow</i> <i>4/24/03</i> <small>Signature, typed or printed name of registered agent and date (Date: Registered Agent signature required when maintaining)</small>			
FILE NUMBER: FEI 58-3431779 Filing Date: 4/24/03		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: GOODFELLOW, TODD C STREET ADDRESS: 2421 BUCKHORN MANOR DR CITY-ST-ZIP: VALRICO, FL 335944777	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: GOODFELLOW, DARLENE R STREET ADDRESS: 2421 BUCKHAM MANOR CITY-ST-ZIP: VALRICO, FL 335944777	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 the empowered.			
SIGNATURE: <i>Darlene R. Goodfellow</i> <i>Darlene R. Goodfellow</i> <i>4/24/03</i>		<i>Goodfellow</i> V.P.	

CRS034 (1/01/02)