

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V22773

FILED
Apr 26, 2004
Secretary of State

Entity Name: FLORIDA NATIVE FOREST SYSTEMS, INC.

Current Principal Place of Business:

2906 N.W. 142ND AVE.
GAINESVILLE, FL 32609

New Principal Place of Business:

Current Mailing Address:

2906 NW 142ND AVE
GAINESVILLE, FL 32609 US

New Mailing Address:

FEI Number: 59-3124271

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLACE, PETER M.
2906 N.W. 142 AVE.
GAINESVILLE, FL 32609 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: TS () Delete
Name: CARTER, JENNY C
Address: 2906 NW 142 AVE
City-St-Zip: GAINESVILLE, FL 326094026

Title: DPS () Delete
Name: WALLACE, PETER M.
Address: 2906 N.W. 142 AVE.
City-St-Zip: GAINESVILLE, FL 326094026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNY C. CARTER

TS

04/26/2004

Electronic Signature of Signing Officer or Director

_____ Date