2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 13, 2005 8:00 am Secretary of State **DOCUMENT # 252610** 1. Entity Name 04-13-2005 90038 047 ***150.00 FLORIDA CACTUS, INC. Principal Place of Business Mailing Address 2542 PETERSON RD. PO BOX 2900 APOPKA FL 32704 PO BOX 2900 APOPKA FL 32704 20031404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 59-0940950 Not Applicable Country Zip Zip 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 LOVESTRAND, GORDON G Street Address (P.O. Box Number is Not Acceptable) SOUTH PETERSON ROAD PLYMOUTH FL 32768 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. STD TITLE ☐ Delete TITLE Change ☐ Addition LOVESTRAND, GORDON G NAME NAME STREET ADDRESS 2542 PETERSON ROAD STREET ADDRESS CITY-ST-ZIP PLYMOUTH FL CITY-ST-ZIP TITLE TITLE Change ☐ Addition VELDHUIS, STEPHEN NAME NAME STREET ADDRESS 2542 PETERSON ROAD STREET ADDRESS CITY-ST-ZIP PLYMOUTH FL CITY-ST-ZIP VPMD TITLE TITLE □ Change ■ Addition NAME VELDHUIS, MARY, C NAME 2542 PETERSON BD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLYMOUTH FL CITY-ST-ZIP ٧0. President; director ☐ Delete ☐ Addition LOVESTRAND, JUDITH, V NAME NAME 2542 PETERSON RD. STREET ADDRESS STREET ADDRESS PLYMOUTH FL CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

dress, with all other like empower

changed, or on an attachment with

SIGNATURE:

FILED

9-1-05 407-896-1877
Date Davirre Phone 1