


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90038 047 ***150.00

DOCUMENT # 252610					
1. Entity Name FLORIDA CACTUS, INC.					
Principal Place of Business 2542 PETERSON RD. PO BOX 2900 APOPKA FL 32704			Mailing Address PO BOX 2900 APOPKA FL 32704		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-0940950	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LOVESTRAND, GORDON G SOUTH PETERSON ROAD PLYMOUTH FL 32768				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
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	STD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVESTRAND, GORDON G			NAME	
STREET ADDRESS	2542 PETERSON ROAD			STREET ADDRESS	
CITY-ST-ZIP	PLYMOUTH FL			CITY-ST-ZIP	
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELDHUIS, STEPHEN			NAME	
STREET ADDRESS	2542 PETERSON ROAD			STREET ADDRESS	
CITY-ST-ZIP	PLYMOUTH FL			CITY-ST-ZIP	
TITLE	VPMD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELDHUIS, MARY, C			NAME	
STREET ADDRESS	2542 PETERSON RD.			STREET ADDRESS	
CITY-ST-ZIP	PLYMOUTH FL			CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> Delete		TITLE	President; director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVESTRAND, JUDITH, V			NAME	
STREET ADDRESS	2542 PETERSON RD.			STREET ADDRESS	
CITY-ST-ZIP	PLYMOUTH FL			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	

20031404



1st MOORE CR2E034 (10/04)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-7-05

407-896-1833