


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90053 049 ***150.00

DOCUMENT # 273715 1. Entity Name ARVIDA NURSERIES CORP OF KENDALL		
Principal Place of Business 1460 S.W. 312 STREET P.O. BOX 1508 HOMESTEAD, FL 33090		Mailing Address 1460 S.W. 312 STREET P.O. BOX 1508 HOMESTEAD, FL 33090
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PLYLER, BOB J. 1460 S.W. 312TH ST. (BUSINESS) 10305 SW 68TH ST, MIAMI 33173 (RES.) HOMESTEAD, FL 33030		DO NOT WRITE IN THIS SPACE
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) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CST CASANAVE, FRANCES W. 9335 BALADA ST. CORAL GABLES, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PLYLER, BOB J 10305 S.W. 68TH ST. MIAMI, FL 00000	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN-THIS SPACE	
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TITLE NAME STREET ADDRESS 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 changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <i>Bob J. Plyler</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 1/31/05 Daytime Phone #: (305) 345-9448