

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90099 011 ***150.00

DOCUMENT # 317345 1. Entity Name SHORE ACRES NURSERY, INC.			
Principal Place of Business 3200 TINDALL ACRES RD ORLANDO, FL 32833-7424 US		Mailing Address 3200 TINDALL ACRES RD ORLANDO, FL 32833-7424 US	
2. Principal Place of Business 3200 TINDALL ACRES RD Suite, Apt. #, etc.		3. Mailing Address 3200 TINDALL ACRES RD Suite, Apt. #, etc.	
City & State KISSIMMEE, FL Zip 34744		City & State KISSIMMEE, FL Zip 34744	
Country USA		Country USA	
4. FEI Number 59-1168226		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 MITCHELL JR, R D 5303 JESSAMINE LANE ORLANDO, FL 32839		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when resetting)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PDC NAME MITCHELL JR, ROBERT D STREET ADDRESS 5303 JESSAMINE LANE CITY-ST-ZIP ORLANDO, FL 32839	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME WORLEY, ROWENA H STREET ADDRESS 701 PADGETT CT CITY-ST-ZIP ORLANDO, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME BAZEMORE, ROBYN M STREET ADDRESS 5999 LAKE POINT DRIVE # 608 CITY-ST-ZIP ORLANDO, FL 32822	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME MITCHELL, HELEN W STREET ADDRESS 5303 JESSAMINE LANE CITY-ST-ZIP ORLANDO, FL 32822	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE CPA NAME MALLOY, J. RICK STREET ADDRESS 5307 JESSAMINE LANE CITY-ST-ZIP ORLANDO, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VS NAME STEVENS, ELIZABETH M. STREET ADDRESS 800 OAK SHORE DR CITY-ST-ZIP ST CLOUD, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 7/6/2004 Daytime Phone # (407) 951-9919	