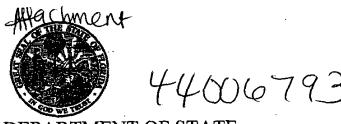
FILED Feb 02, 2004 8:00 am Secretary of State 2004 FOR PROFIT CORPORATION ANNUAL REPORT 1/1 **DOCUMENT # 326533**

O. BOX 317 GILLIAM RD.	VINE ACRES NURSERY INC				02-02-	2004 900	43 008	****50.
Principal Place of Business Mailing Address P.O. BOX 317 GILLIAM RD. P.O. BOX 317 GILLIAM RD. CLARCONA, FL 32710 CLARCONA, FL 32710				33000100				
2. Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc.	Suite, Apt. 4,	Suite, Apt. 4, etc. City & State		01092004	Chg-P	CR2E034 (10/03)		
City & State	City & State			4. FEI Number 59-1227324		Applied For Not Applicable		
Zip Country	Zip	Country		5. Certificate of	Status Desired	□ \$	8.75 Ad	ditional
	ess of Current Registered Agent			7. Name and A	ddress of New I	tegistered Ac	ent tre	
MOTCHECK, LINDA		L	Name					
13 BROADWAY DRIVE			Street Address (P.O. Box Number	a Not Acceptabl	0)	من منت	
V.								
The above named entity submits this statement for the purpose of changing its		ſ	City			FL	Zip Cod	
GNATURE Signature, typed or printed name	e of regularish agent and title if applicable.	(NOTE: Registered Ag	peril signatura raquira	when mirateling)		DATE		
FILE NOWII FEE IS After May 1, 2004 Fee wi		n Campaign Financin und Contribution.		00 May Be ad to Fees				,
D. C	OFFICERS AND DIRECTORS	11.		ADDITIONS/CH	ANGES TO OFF	CERS AND D	RECTOR	SIN 11
MOTCHECK, LINDA	- □ De A	tinle Marke					Change	Addition
IETAOORESS 713 BROADWAY DI Y-ST-ZP OCCEE, FL	R.	STREET AL						
LE V							7 Change	☐ Addition
WENDELL, DAVIS RET ADDRESS GILLIAM RD.		BANK Da teort2				_		٠
Y-ST-ZP CLARCONA, FL		CITY-ST-						
LE .	□ nei						Charge	Addition
# <u></u>	a managaman and a sample of the sample of th	NAME STREET AD CITY-ST-				-~-		•
REET ADDRESS Y-ST-ZIP		_ ·						
GET ADDRESS Y-ST-ZIP	□ 0ei						Change	Addition
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ET ADDRESS /- ST-2P E E E E E E E E E E E E E		NAME STREET AD CTY-ST-2 ICID ITILE NAME STREET AD	DP DRESS		· · · · · · · · · · · · · · · · · · ·		•	
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FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

January 16, 2004

VINE ACRES NURSERY INC P.O. BOX 317 GILLIAM RD. CLARCONA, FL 32710

Subject: VINE ACRES NURSERY INC

Reference Number:

326533

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$100.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$50.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/sd ANNUAL REPORTS SECTION Park of