


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # 329516 1. Entity Name HASTING'S NURSERIES, INC.	
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Principal Place of Business 950 EAST MCNAB ROAD POMPANO BEACH, FL 33060	Mailing Address 950 EAST MCNAB ROAD POMPANO BEACH, FL 33060
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DO NOT WRITE IN THIS SPACE



01202004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1224592	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 HOWMAN, BEVERLEY 950 MCNAB ROAD POMPANO BEACH, FL 33060
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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) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000067842 02/27/04-80016-004 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HOWMAN, SIDNEY 950 MCNAB RD POMPANO BEACH, FL 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV HOWMAN, BEVERLY 950 MCNAB RD POMPANO BEACH, FL 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HOWMAN, WENDY 950 MCNAB ROAD POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOWMAN, SHELLEY 950 MCNAB RD. POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HOWMAN, LINDA 950 MCNAB RD POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Beverley Howman **2-24-04** **954-943-1223**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #