

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 340851

FILED  
Jan 09, 2004  
Secretary of State

Entity Name: ARCHIE HAMLIN NURSERY, INC.

## Current Principal Place of Business:

420 7TH AVENUE N.E.  
P.O. BOX 277  
RUSKIN, FL 33570

## New Principal Place of Business:

## Current Mailing Address:

420 7TH AVENUE N.E.  
P.O. BOX 277  
RUSKIN, FL 33570

## New Mailing Address:

FEI Number: 59-1280226      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

GRAMLING, CHRIS  
420 7TH AVENUE NE  
RUSKIN, FL 33570      US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BOLLING, BRENT  
Address: 4822 JUSTIN LN  
City-St-Zip: PLANT CITY, FL 33565

Title: PTD ( ) Delete  
Name: GRAMLING, CHRIS  
Address: 420 7TH AVE NE  
City-St-Zip: RUSKIN, FL 33570

Title: VPS ( ) Delete  
Name: FAGOT, CAROL  
Address: 4047 30TH ST SE  
City-St-Zip: RUSKIN, FL 33570

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: SEGOVIANO, SALVADOR  
Address: 901 3RD ST NE  
City-St-Zip: RUSKIN, FL 33570 US

Title: PS (X) Change ( ) Addition  
Name: GRAMLING, CHRIS  
Address: 420 7TH AVE NE  
City-St-Zip: RUSKIN, FL 33570

Title: VPT (X) Change ( ) Addition  
Name: FAGOT, CAROL  
Address: 4020 27TH ST SE  
City-St-Zip: RUSKIN, FL 33570

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL FAGOT

VPT

01/09/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date