


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # 354114
 1. Entity Name
R.H. GORE ORCHIDS, INC.



Principal Place of Business
**1611 SOUTHWEST 9TH AVENUE
 FORT LAUDERDALE, FL 33315**

Mailing Address
**1611 SOUTHWEST 9TH AVENUE
 FORT LAUDERDALE, FL 33315**

DO NOT WRITE IN THIS SPACE



04202004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1276284

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROBERT BETZ
 1611 S.W. 9TH AVE.
 FT LAUDERDALE, FL 33315**

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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. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BETZ, ROBERT 1611 S.W. 9TH AVE. FORT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BETZ, FREDERICK 1611 S.W. 9TH AVE FORT LAUDERDALE, FL
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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: ROBERT E. BETZ 4/29/04 Date 954-463-4623 Daytime Phone #