

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 356817

FILED
Jan 27, 2004
Secretary of State

Entity Name: FLETCHER NURSERY, INC.

Current Principal Place of Business:

RALPH RICHARDS ROAD
GREENSBORO, FL 32330

New Principal Place of Business:

Current Mailing Address:

P.P. BOX 118
GREENSBORO, FL 32330 US

New Mailing Address:

FEI Number: 59-1254650

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLETCHER, E. HENTZ JR.
RALPH RICHARDS ROAD
GREENSBORO, FL 32330

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: P () Delete
Name: FLETCHER, E. HENTZ J, R.
Address: RALPH RICHARDS ROAD
City-St-Zip: GREENSBORO, FL 32330

Title: D () Delete
Name: FLETCHER, H. MAXWELL, SR.
Address: SELMA AVENUE
City-St-Zip: GREENSBORO, FL 32330

Title: ST () Delete
Name: HOOD, SUZANNE FLETCH, ER
Address: 709 FOREST LAIR
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: FLETCHER, H. MAXWELL, JR.
Address: 113 NORTH MADISON AVE
City-St-Zip: QUINCY, FL 32351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: E. HENTZ FLETCHER, JR.

P

01/27/2004

Electronic Signature of Signing Officer or Director

_____ Date