


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # 567894
 1. Entity Name
 REDLAND NURSERY, INC.



Principal Place of Business Mailing Address
 18455 S.W. 264 STREET 18455 S.W. 264 STREET
 HOMESTEAD, FL 33031 HOMESTEAD, FL 33031



03102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1806749	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
 DEMOTT, JOHN C.
 18455 S.W. 264 STREET
 HOMESTEAD, FL

DO NOT WRITE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when terminating)

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	PD DEMOTT, JOHN C. 18455 S.W. 264 ST. HOMESTEAD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD DEMOTT, JOE CAROLYN 18455 S.W. 264 ST. HOMESTEAD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DEMOTT, RAYMOND 18455 S.W. 264 ST. HOMESTEAD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 04/26/04-80057-005 150.00

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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: *John C. DeMott* John C. DeMott, President 4/21/04 305-248-5109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #