


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # 567894 1. Entity Name REDLAND NURSERY, INC. |  |
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| Principal Place of Business 18455 S.W. 264 STREET HOMESTEAD, FL 33031 | Mailing Address 18455 S.W. 264 STREET HOMESTEAD, FL 33031 |
|---|---|



03212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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|---|---------------------------------------|
| 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

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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 _____
Signature, typed or printed name of registered agent and title if applicable

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|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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|--|---|
| 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 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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04/29/05-80052-013 150.00

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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)(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: Joe Carolyn DeMott Joe Carolyn DeMott 4.26.05 305 202-5109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #