2004 FOR PROFIT CORPORATION

DO NOT WRITE IN THIS SPACE

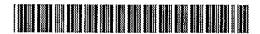
ANNUAL REPORT DOCUMENT # 630299 SUNCOAST GROVES & NURSERY, INC.

FILED Jan 28, 2004 08:00 AM Secretary of State

Principal Place of Business 3407 DELAWARE AVENUE FORT PIERCE, FL 34947

Mailing Address

3407 DELAWARE AVENUE FORT PIERCE, FL 34947



01212004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-1935295

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

KING, JOHN R 3407 DELAWARE AVENUE FORT PIERCE, FL 34947

DO NOT WRITE IN THIS SPACE

				· .		•	
8. The above the obligat	named entity submits this statement for the pations of registered agent.	urpose of changing its register	red office or re	egistered agent, or bo	th, in the State of Florida. I am familia	ir with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title is	f applicable. (NOTE: Registers	ed Agent signature	required when reinstaing)	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finat Trust Fund Contribution.		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS			e a management of the company of the		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KING, CARLA SUE 3407 DELAWARE AVENUE FT PIERCE, FL				00 000019 164 0172970 4-8001 5-00	1 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD KING, JOHN R 3407 DELAWARE AVENUE FORT PIERCE, FL 34947						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, GLADYS E 3407 DELAWARE AVENUE FT PIERCE, FL 00000,			DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SUMMERHAYS JR, ROBERT W 1905 SOUTH 25TH STREET STE 204 FORT PIERCE, FL 34947			IN '	THIS SPACE		
RTLE NAME STREET ADDRESS CITY-ST-ZP							
BTLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby of indicated	certify that the information supplied with this fill on this report or supplemental report is true a	ing does not qualify for the exe	emption stated	in Section 119.07(3); e the same legal effec	(i), Florida Statutes, I further certify the	it the information	

of the corporation or the receiver of 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:			ADYS	F.K,	ina	1-26-04	772-464-53	<i>7</i> %
	gnature and typed or printed in	UME OF SIGNANG OFFICE	EN OR DIRECTOR		()	Date	Dayame Phone #	