



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2005 08:00 AM
Secretary of State

DOCUMENT # 644632		
1. Entity Name SPANISH RIVER NURSERY, INC.		
Principal Place of Business 8571 156TH CT., S. DELRAY BEACH, FL 33446		Mailing Address 8571 156TH CT., S. DELRAY BEACH, FL 33446
DO NOT WRITE IN THIS SPACE		
		 03042005 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-1941192
		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ESPINOSA, HARRY 9405 LISTOW TERR BOYNTON BEACH, FL 33437		
		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
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
		000000259094 03/11/05-80010-012 150.00
10. OFFICERS AND DIRECTORS		
TITLE	PT	
NAME	ESPINOSA, HARRY	
STREET ADDRESS	9405 LSITOW TERRACE	
CITY - ST - ZIP	BOYNTON BEACH, FL 33437	
TITLE	VS	
NAME	ESPINOSA, RODNEY	
STREET ADDRESS	5551 JOHNSON ROAD	
CITY - ST - ZIP	POMPANO BEACH, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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: <i>Harry A. Espinosa</i> HARRY A. ESPINOSA		<i>3/8/05</i> 561-499-8300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #