

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 677661

FILED
Apr 28, 2004
Secretary of State

Entity Name: THE BOTANICAL GARDENS NURSERY, INC.

Current Principal Place of Business:

19120 KROME AVE.
MIAMI, FL 33187

New Principal Place of Business:

Current Mailing Address:

19120 KROME AVE.
MIAMI, FL 33187

New Mailing Address:

7667 W. SAMPLE ROAD #225
CORAL SPRINGS, FL 33065

FEI Number: 59-2034080

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAVARGNA, CARRIE S
3415 S.W. CORNELL AVENUE
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

LAVARGNA, CARRIE S
4354 OAKHAVEN LANE
PALM CITY, FL 34990 US

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: CARRIE LAVARGNA

04/28/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: PITTS, LISA B
Address: 8122 NW 53 COURT
City-St-Zip: CORAL SPRINGS, FL 33067

Title: PDC () Delete
Name: BRANHAM, TONI LYNN,
Address: 3902 SANCTUARY DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VD () Delete
Name: LAVARGNA, LAURENCE P, .
Address: 4254 OAKHAVEN LANE
City-St-Zip: PALM CITY, FL 34990

Title: VD () Delete
Name: BURLESON, CINDY,
Address: 8309 HICKORY GLEN DRIVE
City-St-Zip: GERMANTOWN, TN 38138

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VD (X) Change () Addition
Name: LAVARGNA, LAURENCE P, .
Address: 4354 OAKHAVEN LANE
City-St-Zip: PALM CITY, FL 34990

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: TONI LYNN BRANHAM

PDC

04/28/2004

Electronic Signature of Signing Officer or Director

Date