

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 677661

FILED  
Apr 27, 2005  
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:**

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

**New Mailing Address:**

**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  
4354 OAKHAVEN LANE  
PALM CITY, FL 34990 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

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: 4354 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 BRANHAM

P

04/27/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date