
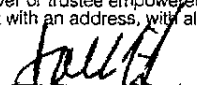


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 08:00 AM
Secretary of State

DOCUMENT # F06356 1. Entity Name HAM'S NURSERY, INC.					
Principal Place of Business P.O. BOX 185 RT 207 AT HELEN STREET ST AUGUSTINE FL 32085			Mailing Address P.O. BOX 185 RT 207 AT HELEN STREET ST AUGUSTINE FL 32085		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc			Suite, Apt. #, etc		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2045966	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAMILTON, JON DAVID 20 MENENDEZ ROAD ST. AUGUSTINE FL 32084				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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)</small>					
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HAMILTON, JON DAVID 20 MENENDEZ RD ST AUGUSTINE FL 32080	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD APEL, DANIEL WILLIS JR. 3741 ARROWHEAD DR SAINT AUGUSTINE FL 32086	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify 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 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.					
<div style="display: flex; justify-content: space-between;"> <div> SIGNATURE:  </div> <div> 3-504 904-8299653 </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div> <small>Date</small> </div> <div> <small>Daytime Phone #</small> </div> </div>					



MOORE CR2E034 (11/03)

4. FEI Number **59-2045966** Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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SIGNATURE:  **3-504 904-8299653**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #