

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 03, 2004 8:00 am**  
**Secretary of State**

08-03-2004 90004 020 \*\*\*550.00

<b>DOCUMENT # F47206</b>	
1. Entity Name <b>AMHERST NURSERIES, INC.</b>	

Principal Place of Business <b>13850 SE RANCHLAND AVE HOBE SOUND, FL 33455</b>	Mailing Address <b>13850 SE RANCHLAND AVE HOBE SOUND, FL 33455</b>
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**DO NOT WRITE IN THIS SPACE**



07302004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2135374</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**MUNCH, ACHIM  
10541 SE JUPITER NARROWS  
HOBE SOUND, FL 33455**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MUNCH, ACHIM 10541 S.E. JUPITER NARROWS HOBE SOUND, FL 33455</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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.

**SIGNATURE:** *Achim Munch* **ACHIM MUNCH** 7/20/04 772-463-3100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #