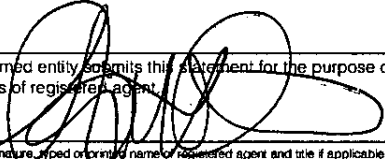
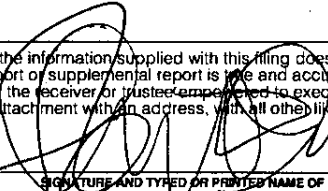


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90047 001 ***150.00

DOCUMENT # F62501 1. Entity Name BILL'S NURSERY, INC.					
Principal Place of Business C/O STEVE GARRISON 1950 NW 10TH TERR HOMESTEAD, FL 33030 US			Mailing Address C/O STEVE GARRISON 1950 NW 10TH TERR HOMESTEAD, FL 33030 US		
2. Principal Place of Business 20625 S.W. 304 street Suite, Apt. #, etc.		3. Mailing Address P.O. Box 900637 Suite, Apt. #, etc.			
City & State Homestead, FL		City & State Homestead FL		4. FEI Number 59-2168527	
Zip 33030		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARRISON, STEPHEN T 1950 NW 10 TERRACE HOMESTEAD, FL 33030				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  STEPHEN T. GARRISON 13 JAN 04 DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARRISON, STEPHEN T 1950 NW 10TH TERRACE HOMESTEAD, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	20625 S.W. 304 St. Homestead, FL 33030	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GARRISON, SUSAN D 1950 NW 10 TERRACE HOMESTEAD, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	20625 S.W. 304 St. Homestead, FL 33030	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS GARRISON DONOVAN, S 1950 NW 10TH TERR HOMESTEAD, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	20625 S.W. 304 St. Homestead, FL 33030	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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.					
SIGNATURE:  STEPHEN T. GARRISON 13 JAN 04					