2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004
Secretary of State

DOCUMENT# F68893

Entity Name: MERRITT ISLAND NURSERY, INC.

Current Principal Place of Business:

3820 N COURTENAY PKWY
MERRITT ISLAND, FL 32953 US

New Principal Place of Business:

Current Mailing Address:

779 E MERRITT ISLAND CSWY
PMB 753
MERRITT ISLAND, FL 32952 US

New Mailing Address:

FEI Number: 59-2172261 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VILLANUEVA-HAFIZI, JERRI A
4092 TRADEWINDS TRAIL
MERRITT ISLAND, FL 32953 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: P ( ) Delete
Name: HAFIZI, HAMID
Address: 4092 TRADEWINDS TRAIL
City-St-Zip: MERRITT ISLAND, FL 32953

Title: VP ( ) Delete
Name: VILLANUEVA-HAFIZI, JERRI A
Address: 4092 TRADEWINDS TRAIL
City-St-Zip: MERRITT ISLAND, FL 32953

Title: VP ( ) Delete
Name: HAFIZI, DAVID
Address: 3572 TIPPERARY DR
City-St-Zip: MERRITT ISLAND, FL 32953

Title: VP ( ) Delete
Name: HAFIZI, MARYAM
Address: 3382 TIPPERARY DR
City-St-Zip: MERRITT ISLAND, FL 32953

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: JERRI A. VILLANUEVA-HAFIZI VP 01/12/2004
Electronic Signature of Signing Officer or Director Date