## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 15, 2004 8:00 am Secretary of State

Registration of the property o	DOCUMENT # F9400004327  1. Entity Name HINES NURSERIES, INC.						01-15-2004	90018 001 *	·**300.	00	
Super, Apt #, 860.  Suite: Apt #, etc.  O1082004 Chg P CR2E304 (10/03)  Lips Suite: Apt #, etc.  O1082004 Chg P CR2E304 (10/03)  A FEB Number 33-0411319  A FEB Number 34-0411319  A FEB Number 34-0	Principal Place of Business Mailing Address 12621 JEFFREY RD.  12621 JEFFREY RD.						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	664001	08		
City & State    City & State   City & State   City & State   City & State   A. FEI Number   S3-QA11319   Nan Applicable   Nan Applicable   Nan Applicable   Nan Applicable   Nan Applicable   S2.75 Actional   Nan Applicable   Nan Applicable   S2.75 Actional   Nan Applicable   Nan Applicable   Nan Applicable   S2.75 Actional   Nan Applicable   S2.75 Actional   Nan Applicable   Nan Applicable   Nan Applicable   S2.75 Actional   Nan Applicable   Nan Applicable   Nan Applicable   S2.75 Actional   Nan Applicable   S2.75 Actional   Nan Applicable   Nan Applicable   S2.75 Actional   Nan Applicable   Nan	Principal Place of Business     3. Mailing Address				,						
Sacratical of Status Desired   Sat Applicative   Sat Status Desired   Sat Status Desired Desi	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01062004	Chg-P	CR2E034	(10/03)		
Energy Court Programmer Courter Registered Agent	City & State		City & State					<del></del>			
THE PRENTICE-HALL CORPORATION SYSTEM, INC.  1201 HAY'S ST.  SUITE 105  TALLAHASSEE, FL 32301  City FL Zip Code  6. The above named entity automits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Forida. I em familier with, and accept the obligations of registered agent, or both, in the State of Forida. I em familier with, and accept the obligations of registered agent, or both, in the State of Forida. I em familier with, and accept the obligations of registered agent, or both, in the State of Forida. I em familier with, and accept the obligations of registered agent, or both, in the State of Forida. I em familier with, and accept the obligations of registered agent, or both, in the State of Forida. I em familier with, and accept the obligations of registered agent, or both, in the State of Forida. I em familier with, and accept the obligations of registered agent, or both, in the State of Forida. I em familier with, and accept the obligations of registered agent, or both, in the State of Forida. I em familier with, and accept the obligations of registered agent, or both, in the State of Forida. I em familier with, and accept the obligations of registered agent, or both, in the State of Forida. I em familier with, and accept the obligation of registered agent, or both, in the State of Forida. I em familier with, and accept the state of Forida. I em familier with, and accept the accept the state of Forida. I em familier with, and accept the accept the familier with, and accept the accept the familier with, and accept the familier of familier familier of familier familier familier familier with, and accept the familier fam	Zip	Country Zip Cou		Country ·		5. Certificate	of Status Desired	□ \$8 Fe	.75 Addi a Required	itional	
Street Address (P. O. Box Number is Not Acceptable)  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 effice or registered agent, or both, in the State of Fichida. I am familiar with, and accept the obligations of registered agent.  Signature. Need or toined name of applicant agent and title it applicable.  NOTE Registered Agent signature required agent, or both, in the State of Fichida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fichida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fichida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fichida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fichida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fichida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fichida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fichida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fichida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fichida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fichida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fichida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fichida. I am familiar with, and accept the control of Fichida. I am familiar with, and accept the part of Fichida. I am familiar with, and accept the familiar registered agent, or both, in the State of Fichida. I am familiar with, and accept the familiar registered agent, or both, in the State of Fichida. I am familiar with		6. Name and Address of Current	Registered Agent	Name		_7. Name and	Address of New	Registered Age	:nt		
TALLAHASSEE, FL 32301  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fornica. I am familier with, and accept the displations of registered agent, to both, in the State of Fornica. I am familier with, and accept the displations of registered agent, to both, in the State of Fornica. I am familier with, and accept the displations of registered agent, to both, in the State of Fornica. I am familier with, and accept the displations of registered agent, to both, in the State of Fornica. I am familier with, and accept the acceptance of the displations of registered agent, to both, in the State of Fornica. I am familier with, and accept the acceptance of the control of the state of Fornica. I am familier with, and accept the acceptance of the control of the state of Fornica. I am familier with, and acceptance and acceptan	1201 HAYS ST.				Street Address (P.O. Box Number is Not Acceptable)						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Signat											
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FILE NOWILI FEE IS \$150.00 * After May 1, 2004 Fee will be \$550.00 * Part May 1, 2004 Fee will be \$550.00 * Part May 1, 2004 Fee will be \$550.00 * Part Madded to Fees Added Trumples Added to Fees Added Trumples Added to Fees Added Trumples Added Trumpl	the obligations of registered agent.  SIGNATURE										
After May 1, 2004 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11    TITLE   PD											
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TITLE  NAME  REUSCHE, THOMAS R  STREET ADDRESS  CITY-ST-ZIP  IRVINE, CA 92620  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 an officer or director of the statutes.  SIGNATURE:	ł	<b>}</b>	. Delete		NOO	b-Paul R			] Change	Addition	
REUSCHE, THOMAS R  STREET ADDRESS 12621 JEFFREY RD.  CITY-ST-ZIP RVINE, CA 92620  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 withyan address; with all other like empowered.  SIGNATURE:		ł			1262 Inlu	1 Jetficy R	2620 2620				
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 employered 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 all other like empowered.  SIGNATURE:	1	=	☐ Delete						] Change	Addition	
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 withyan address, with all other like empowered.  SIGNATURE:    16/04   800-444-4499											
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