

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G15854

FILED  
May 10, 2005  
Secretary of State

Entity Name: SUN HARBOR NURSERY & LANDSCAPING COMPANY

**Current Principal Place of Business:**

920 EAST EAU GALLIE CAUSEWAY  
% DAVID W. GROVER  
INDIAN HARBOUR, FL 32937

**New Principal Place of Business:**

**Current Mailing Address:**

920 EAST EAU GALLIE CAUSEWAY  
% DAVID W. GROVER  
INDIAN HARBOUR, FL 32937

**New Mailing Address:**

FEI Number: 59-2250030

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GROVER, DAVID W.  
920 E. EAU GALLIE CSWY.  
INDIAN HARBOUR BEACH, FL 32937 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: PTD ( ) Delete  
Name: GROVER, DAVID W.,  
Address: 205 ALLAN LN  
City-St-Zip: MELBOURNE BEACH, FL

Title: VSD ( ) Delete  
Name: GROVER, LINDA B.,  
Address: 205 ALLAN LN  
City-St-Zip: MELBOURNE BEACH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTD (X) Change ( ) Addition  
Name: GROVER, DAVID W.,  
Address: 205 ALLAN LN  
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: VSD (X) Change ( ) Addition  
Name: GROVER, LINDA B.,  
Address: 205 ALLAN LN  
City-St-Zip: MELBOURNE BEACH, FL 32951

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: LINDA B GROVER

VSD

05/10/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date