


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90023 032 ***150.00

DOCUMENT # G19286

1. Entity Name
ROPER'S NURSERY, INC.



Principal Place of Business Mailing Address

3067 B ROAD
 LOXAHATCHEE, FL 33470 US

~~1954 STAMFORD CIRCLE~~
~~WELLINGTON, FL 33414~~ US

3067 B Road
Loxahatchee, FL 33470



03162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2251475

Applied For
 Not Applicable

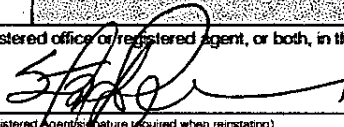
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ROPER, STANLEY R. *3067 B Road*
~~1954 STAMFORD CIRCLE~~ *Loxahatchee, FL*
~~WELLINGTON, FL 33414~~ *33470*

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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 *Stanley Roper Pres.*  DATE *3/28/05*

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VSD
NAME	ROPER, CHERILYN <i>3067 B Road</i>
STREET ADDRESS	1954 STAMFORD CIRCLE <i>Loxahatchee, FL</i>
CITY - ST - ZIP	WELLINGTON, FL 33414 <i>33470</i>
TITLE	PTD
NAME	ROPER, STANLEY <i>3067 B Road</i>
STREET ADDRESS	1954 STAMFORD CIRCLE <i>Loxahatchee, FL</i>
CITY - ST - ZIP	WELLINGTON, FL 33414 <i>33470</i>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE 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)(f), 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: *Cherilyn Roper* *Cherilyn Roper* *3/28/05* *561-753-3307*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #