

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # G46608

1. Entity Name
ROCK CITY NURSERY AND LANDSCAPING, INC.



Principal Place of Business
9080 U S 1
P.O. BOX 808
WABASSO, FL 32970-7808

Mailing Address
9080 U S 1
P.O. BOX 808
WABASSO, FL 32970-7808



01292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2300469

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DICKENSON, DAVID B.
980 N FEDERAL HWY
SUTIE 410 COMPSON FINANCIAL CENTER
BOCA RATON, FL 33432

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

000000072429
03/01/2004-01/10-021 150 00

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	LOWE, THOMAS P
STREET ADDRESS	9080 U S 1
CITY - ST - ZIP	WABASSO, FL
TITLE	VS
NAME	LOWE, RHONDA J
STREET ADDRESS	9080 U S 1
CITY - ST - ZIP	WABASSO, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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)(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:

Rhonda J Lowe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-04

Date

772-589-5835

Daytime Phone #