

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H02072

FILED
Apr 28, 2005
Secretary of State

Entity Name: TOMAHAWK NURSERIES, INC.

Current Principal Place of Business:

760 CHICAGO AVE
OCOEE, FL 34761 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 771149
WINTER GARDEN, FL 347771149 US

New Mailing Address:

FEI Number: 59-2426789

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAWTHORNE, JANET L.
355 MAINE STREET
OCOEE, FL 34761 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: D () Delete
Name: HAWTHORNE, M. CLAUDE,
Address: 355 MAINE ST.
City-St-Zip: OCOEE, FL

Title: DVP () Delete
Name: HAWTHORNE, JANET L.,
Address: 355 MAINE ST.
City-St-Zip: OCOEE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JANET L HAWTHORNE

DVP

04/28/2005

Electronic Signature of Signing Officer or Director

_____ Date