


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90041 047 ***150.00

DOCUMENT # H06427	
1. Entity Name S & L NURSERY, INC.	

Principal Place of Business 300 E 9TH ST ST. CLOUD FL 34769-3091 US	Mailing Address 300 E 9TH ST ST. CLOUD FL 34769-3091 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number 59-2342939	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent POLACHEK, JULES J. 300 E. 9TH STREET ST. CLOUD FL 34769	7. Name and Address of New Registered Agent Name JAY S. POLACHEK Street Address (P.O. Box Number is Not Acceptable) 300 E. 9th St. City St. Cloud FL Zip Code 34769
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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 *Jay S. Polachek* DATE **3/25/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS POLACHEK, MARILYN C. 300 E. NINTH ST. ST. CLOUD FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS POLACHEK, JAYNE W. 300 E. 9th St. St. Cloud FL 34769 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT POLACHEK, JULES J. 300 E. NINTH ST. ST. CLOUD FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT JAY S. POLACHEK 300 E. 9th St. St. Cloud FL 34769 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jay S. Polachek* **JAY S. POLACHEK** **3/25/05** **407 892 7755**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #