

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H71552

Entity Name: HOMRICH NURSERY, INC.

FILED  
Jan 13, 2004  
Secretary of State

**Current Principal Place of Business:**

9901 STATE ROAD 7  
BOYNTON BCH., FL 33437

**New Principal Place of Business:**

**Current Mailing Address:**

9901 STATE ROAD 7  
BOYNTON BCH., FL 33437

**New Mailing Address:**

FEI Number: 59-2592928

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HOMRICH, ROSE M  
690 NE 15TH PLACE  
BOYNTON BEACH, FL 33435

**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: HOMRICH, STEPHEN R.,  
Address: 690 NE 15TH PLACE  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: DS ( ) Delete  
Name: HOMRICH, ROSE M.,  
Address: 690 NE 15TH PLACE  
City-St-Zip: BOYNTON BEACH, FL 33435

**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: ROSE M. HOMRICH

DS

01/13/2004

Electronic Signature of Signing Officer or Director

Date