

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H71630

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: "DEE" OAKS NURSERY, INC.

**Current Principal Place of Business:**

5659 SW OWENS SCHOOL STREET  
ARCADIA, FL 34266 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1294  
ARCADIA, FL 34265 US

**New Mailing Address:**

FEI Number: 59-2566847      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LAWSON, DOLORES A  
26178 CHESTERFIELD RD  
PUNTA GORDA, FL 33983

**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: P ( ) Delete  
Name: LAWSON, DOLORES A  
Address: 26178 CHESTERFIELD RD.  
City-St-Zip: PUNTA GORDA, FL 33983

Title: V ( ) Delete  
Name: SALVADOR, CAROLYN N.  
Address: 560 MEADOWS CREEK  
City-St-Zip: ALPHARETTA, GA 30202

Title: V ( ) Delete  
Name: LAWSON, JOHN V  
Address: 26178 CHESTERFIELD ROAD  
City-St-Zip: PUNTA GORDA, FL 33983

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DOLORES A LAWSON

PRES

04/30/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date