


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K14756</b> 1. Entity Name MCMULLEN WHOLESALE NURSERY, INC.	
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Principal Place of Business 8028 COSME ROAD P.O. BOX 896 ODESSA, FL 33556-7896	Mailing Address PO BOX 896 P.O. BOX 896 ODESSA, FL 33556-0896 US
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**DO NOT WRITE IN THIS SPACE**



01272004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2880359	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  MCMULLEN JR., JOHN L. 8028 COSME ROAD ODESSA, FL 33556	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	100000105678 04/07/04-80035-008 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCMULLEN, JOHN LAIRD 3623 BARCELONA ST TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCMULLEN, JUDITH ELLEN F 3623 BARCELONA ST TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCMULLEN, JOHN LAIRD III 3623 BARCELONA ST TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCMULLEN, LINDSEY ADAIR 3623 BARCELONA ST TAMPA, FL
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:** Judith F. McMullen Judith F. McMullen 4/4/04 813  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #