2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # K46942

1. Entity Name
RELIANT NURSERY, INC.

Principal Place of Business	Mailing Address
20755 S.W. 177TH AVE. MIAMI, FL 33187	20755 S.W. 177TH AVE. MIAMI, FL 33187

DO NOT WRITE IN THIS SPACE

01232005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0090302	Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NASSR, PHIL
20755 SW 177TH AVE
MIAMI, FL 33187

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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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2005 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	NASSR, PHIL
STREET ADDRESS	20755 S.W. 177TH AVE.
CITY ST-ZIP	MIAMI, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST ZIP	

TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY ST-ZIP	

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05/03/05-80152-004 150.00

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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: _____   4-27-05   305-251-9217

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #