
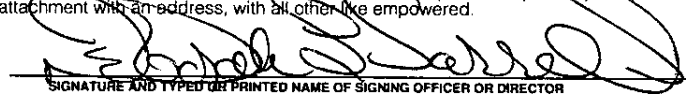


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90059 018 ***158.75

DOCUMENT # K78834			
1. Entity Name L & D NURSERY, INC.		Principal Place of Business 1700 SILVERBEACH RD. WEST PALM BEACH FL 33404 US	
2. Principal Place of Business 13087 Orange Boulevard		3. Mailing Address 8661 112TH TERRACE NO. WEST PALM BEACH FL 33412	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State West Palm Beach, FL		City & State	
Zip 33412	Country USA	Zip	Country
6. Name and Address of Current Registered Agent JARRELL, DEBORAH L 8661 112TH TERRACE, NORTH WEST PALM BEACH FL 33412		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		Zip Code	
FL			
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)	
FILE NOW!!!! FEE IS \$150.00 After May 1, 2004 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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete	JARRELL, DEBORAH L.	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8661 112TH TERR NORTH	NAME	
STREET ADDRESS	WEST PALM BEACH, FL 33412	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		Date: 4-26-04 Daytime Phone #: 561-881-5549	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



MOORE CR2E034 (11/03)

4. FEI Number **65-0109167** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee Required