


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90074 008 ***150.00

DOCUMENT # K96461 1. Entity Name LIVING WATER TROPICAL FRUIT AND NUT TREE NURSERY JOHN 4:10, INC.	
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Principal Place of Business %CRAIG L. JOHNSTON 4558 61ST ST S LAKE WORTH FL 33463	Mailing Address P. O. BOX 781 4558 61ST ST S BOYNTON BEACH FL 33425 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0144775	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

44025393



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent JOHNSTON, CRAIG L 4558 61ST ST SOUTH LAKE WORTH FL 33463	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSTON, CRAIG L 4558 61ST ST SOUTH LAKE WORTH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Craig L Johnston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/04 561-967-7747