

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0394001 AV

DOCUMENT # **K96461**

1. Entity Name
**LIVING WATER TROPICAL FRUIT AND NUT TREE NURSERY
JOHN 4:10, INC.**



FILED
03 JUN 11 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0144775**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHNSTON, CRAIG L
4558 61ST ST SOUTH
LAKE WORTH FL 33463**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **JOHNSTON, CRAIG L**
STREET ADDRESS **4558 61ST ST SOUTH**
CITY-ST-ZIP **LAKE WORTH FL**

TITLE ☐ Change ☐ Addition
NAME **500020840715**
STREET ADDRESS **06/17/03--01080--018 **150.00**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

CRAIG L. Johnston 6/5/03 561-967-7797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

Attachment

#K964601

From: Elizabeth Tello

June 2nd, 2003

To: whom it may concern

On April 26th 2003, my friend Craig Johnston had a terrible fall at his plant nursery around 3 am in the morning as he was checking something, he fell injuring himself very badly. As an RN, I was strongly advising my friend to go to the Emergency Room to find out how severe the trauma of the accident was. The damage of the fall injured his right hand, wrist, elbow, and shoulder area; along with his right knee, severely. As a result of the emergency room visit, the x-rays showed no broken bones but severe muscle and tissue damage along with bruising, which have left Mr. Johnston slightly incapacitated. He is still having problems performing simple tasks with his right arm and hand as well as with his right leg. The Doctor at the ER prescribed Tylenol 3 to reduce the pain, and said it would take a good bit of time for the bruised muscle and tissue area to heal. I Hope this explains somewhat the damage Mr. Johnston incurred on his fall April 26.

Sincerely,


Elizabeth Tello, RNC

(305) 270 2233