2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004
Secretary of State

DOCUMENT# L49268

Entity Name: L & L NURSERY, INC.

Current Principal Place of Business:

6408 LAKE HENDRY RD.
BARTOW, FL 338309657 US

New Principal Place of Business:

6408 LAKE HENDRY RD.
FORT MEADE, FL 33841 US

Current Mailing Address:

6408 LAKE HENDRY RD.
BARTOW, FL 338309657 US

New Mailing Address:

6408 LAKE HENDRY RD.
FORT MEADE, FL 33841 US

FEI Number: 59-2993696 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LYNCH, MICHAEL E
6408 HENDRY RD.
BARTOW, FL 33830 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: LYNCH, ANGELA SUSAN
Address: 6408 LAKE HENDRY RD
City-St-Zip: BARTOW, FL 33830

Title: P ( ) Delete
Name: LYNCH, MICHAELE
Address: 6408 LAKE HENDRY RD
City-St-Zip: BARTOW, FL 33838

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL LYNCH PRES 04/12/2004

Electronic Signature of Signing Officer or Director — Date