

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L55831

1. Entity Name
7 RIVERS NURSERY, INC.



Principal Place of Business
9775 W SEVEN RIVERS FARM ST
CRYSTAL RIVER, FL 34428

Mailing Address
9775 W SEVEN RIVERS FARM ST
CRYSTAL RIVER, FL 34428



02242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2999887	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MESSENGER, EDWARD A.
3620 W DANNY CT
BEVERLY HILLS, FL 34465

**DO NOT WRITE
IN THIS SPACE**

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

U00000249174
03/02/05-80057-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	MESSENGER, EDWARD A
STREET ADDRESS	3620 W DANNY CT
CITY - ST - ZIP	BEVERLY HILLS, FL 34465

TITLE	VSD
NAME	MESSENGER, MARY KAY
STREET ADDRESS	3620 W DANNY CT
CITY - ST - ZIP	BEVERLY HILLS, FL

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
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)(f), 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:

Edward A Messenger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 25, 05

Date

Daytime Phone #

352 563-0505