

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90045 003 ***158.75

DOCUMENT # L76585 1. Entity Name PINE VALLEY NURSERY, INC.	
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Principal Place of Business 2518 HAAS RD APOPKA, FL 32712	Mailing Address 2518 HAAS RD APOPKA, FL 32712
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2. Principal Place of Business Suite, Apt. # etc.	3. Mailing Address Suite, Apt. # etc.
City & State	City & State
Zip Country	Zip Country

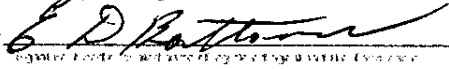
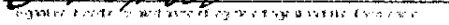
03182004 Chg-P CR2E034 (10/03)

4. FCI Number 59-3017092	Accepted For Not Accepted
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BOTTOMS, E.D. 2518 HAAS RD APOPKA, FL 32712	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number's Not Accepted) 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: 
Registered Agent:  (If the agent is not a corporation, partnership, or limited liability company, the agent must be a natural person.)

**FILE NOW!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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 (If 11)	
TITLE NAME STREET ADDRESS CITY ST ZIP	PSD BOTTOMS, E.D. 2518 HAAS RD APOPKA, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	VP NORMA JEAN BOTTOMS P.O. BOX 1151 SORRENTO, FL 32776 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VTD BOTTOMS, LUSEANE 2518 HAAS RD APOPKA, FL ☒ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

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 a power of attorney.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR