


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000007485 1. Entity Name WEED AND SEED OF ST. PETERSBURG, INC.	
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Principal Place of Business 2335 22ND AVE. SOUTH, SUITE 6 ST. PETERSBURG, FL 33712	Mailing Address P. O. BOX 2842 ST. PETERSBURG, FL 33731-2842
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03312004 No Chg-NP CR2E037 (10/03)

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

6. Name and Address of Current Registered Agent RAINEY, MARTIN 3901 39TH ST. SOUTH ST. PETERSBURG, FL 33711
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000105745 04/07/04-80037-024 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RAINEY, MARTIN 3901 39TH ST. SOUTH ST. PETERSBURG, FL 33711
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DANIELS, WILLIAM C 400 N. TAMPA ST., SUITE 3200 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SYRKETT, GERALD 1900 MLK ST. SOUTH ST. PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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 617, 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: <i>Martin Rainey</i> MARTIN RAINEY	3/31/04 727/866-2689	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Do Not Phone #</small>