

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005180

FILED
Mar 29, 2005
Secretary of State

Entity Name: WEED & SEED OF ST LUCIE COUNTY, INC.

Current Principal Place of Business:

921 ORANGE AVE.
FORT PIERCE, FL 34950

New Principal Place of Business:

2304 AVENUE I
FORT PIERCE, FL 34950

Current Mailing Address:

921 ORANGE AVE.
FORT PIERCE, FL 34950

New Mailing Address:

2304 AVENUE I
FORT PIERCE, FL 34950

FEI Number: 04-3709182

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENNETT, MARY ALICE
921 ORANGE AVE.
FORT PIERCE, FL 34950 US

Name and Address of New Registered Agent:

GEORGE, PORTIA F
2304 AVENUE I
FORT PIERCE, FL 34950 US

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: PORTIA F. GEORGE

03/29/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CHRM () Delete
Name: ENNS, EDWARD G
Address: 920 ORANGE AVE.
City-St-Zip: FORT PIERCE, FL 34950

Title: D () Delete
Name: SAVAGE, EUGENE
Address: 920 ORANGE AVE.
City-St-Zip: FORT PIERCE, FL 34950

Title: D () Delete
Name: MASCARA, KEN
Address: 920 ORANGE AVE.
City-St-Zip: FORT PIERCE, FL 34950

Title: S () Delete
Name: MCADAMS, JAMES G III
Address: 920 ORANGE AVE.
City-St-Zip: FORT PIERCE, FL 34950

Title: T (X) Delete
Name: EISENBERG, RAY DR
Address: 920 ORANGE AVE.
City-St-Zip: FORT PIERCE, FL 34950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CHRM (X) Change () Addition
Name: BENTON, ROBERT
Address: 2304 AVENUE I
City-St-Zip: FORT PIERCE, FL 34950

Title: D (X) Change () Addition
Name: SAVAGE, EUGENE
Address: 2304 AVENUE I
City-St-Zip: FORT PIERCE, FL 34950

Title: D (X) Change () Addition
Name: MASCARA, KEN
Address: 2304 AVENUE I
City-St-Zip: FORT PIERCE, FL 34950

Title: T (X) Change () Addition
Name: TOBIN, PATRICIA A
Address: 2304 AVENUE I
City-St-Zip: FORT PIERCE, FL 34950

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA A. TOBIN

T

03/29/2005

Electronic Signature of Signing Officer or Director

Date