

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008027

FILED
Jan 10, 2005
Secretary of State

Entity Name: THE ASSOCIATION OF HORTICULTURE PROFESSIONALS, INC.

Current Principal Place of Business:

P.O. BOX 621643
ORLANDO, FL 32862

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 621643
ORLANDO, FL 32862

New Mailing Address:

FEI Number: 20-1538048

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEIFFERT, NORMA JEAN
S & S BUSINESS SERVICES, INC.
2910 GARDEN STREET BLDG. 1
TITUSVILLE, FL 32796 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HENDERSON, MAUREEN
Address: P.O. BOX 621643
City-St-Zip: ORLANDO, FL 32862

Title: VP () Delete
Name: MAINGOT, JOHN
Address: 848 MARAVAL COURT
City-St-Zip: LONGWOOD, FL 32750

Title: S () Delete
Name: KESSLER, BOB
Address: 5976 20TH STREET #259
City-St-Zip: VERO BEACH, FL 32966

Title: T () Delete
Name: BELT, DAVID
Address: 6600 DOCK AVENUE
City-St-Zip: COCOA, FL 32927

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

SIGNATURE: DAVID L BELT

T

01/10/2005

Electronic Signature of Signing Officer or Director

Date