


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

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000005190 1. Entity Name BOB HOSKINS / SANDY MCDUGALD HORTICULTURAL SCHOLARSHIP FUND INC.	
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Principal Place of Business 8400 96TH COURT, SOUTH BOYNTON BEACH, FL 33437	Mailing Address 8400 96TH COURT, SOUTH BOYNTON BEACH, FL 33437
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DO NOT WRITE IN THIS SPACE



02202004 No Chg-NP CR2E037 (10/03)

4. FEI Number 85-0717490	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FORD, PATRICK J 8400 96TH COURT, SOUTH BOYNTON BEACH, FL 33437
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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
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MUNTZ, PATRICK W 12191 BROADLEAF COURT WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WALKER, LAWRENCE R 1551 SHORELANDS DRIVE, EAST VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FORD, PATRICK J 8400 96TH COURT, SOUTH BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCDUGALD, JEFF 6094 LINTON BOULEVARD DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>000000063926 02/23/04-80178-021 70.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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: 	2/20/04	57d-6662-2032
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		