2004 FOR PROFIT CORPORATION

FILED May 03, 2004 08:00 AN Secretary of State ANNUAL REPORT DOCUMENT~# P00000042832 HORTICARE OF AMERICA, INC. Principal Place of Business Mailing Address 11447 88TH AVENUE NORTH PO BOX 3133 SEMINOLE, FL 33775-3133 SEMINOLE, FL 33772 CR2E034 (10/03) 04282004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3642259 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134 IN THIS SPACE 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, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when romstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PSTD រោម NAME JONOVICH, GARY J 11447 88TH AVENUE NORTH STREET ADDRESS U00000151401 CITY-ST-ZIP SEMINOLE, FL 33772 05/04/04-80043-025 150.00 TITLE NASAF STREET ADDRESS CHIY-ST-ZIP HILE NAME STREET ADORESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP 3377 NAME STREET ADDRESS

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 cath; 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 all other the empowered.

SIGNATURE:

CITY-ST-ZIP