
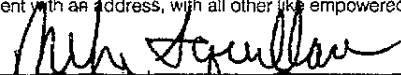


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 27, 2004 08:00 AM  
Secretary of State

<b>DOCUMENT # P00000047957</b> 1. Entity Name <b>SQUILLACE FAMILY NURSERY, INC.</b>					
Principal Place of Business <b>7250 NW 84TH ST. PARKLAND FL 33067</b>			Mailing Address <b>7250 NW 84TH ST. PARKLAND FL 33067</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>65-0037336</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>SQUILLACE, MICHEAL 7250 NW 84TH STREET PARKLAND FL 33067</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>SQUILLACE, DARLENE</b> <b>7250 NW 84TH ST.</b> <b>PARKLAND FL 33067</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>SQUILLACE, MICHAEL</b> <b>7250 NW 84TH ST.</b> <b>PARKLAND FL 33067</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>SQUILLACE, A. ROBERT</b> <b>496 W. WHEELLOCK PKWY.</b> <b>ST. PAUL MN 55117</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>SQUILLACE, A. ROBERT</b> <b>496 W. WHEELLOCK PKWY.</b> <b>ST. PAUL MN 55117</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>SQUILLACE, A. ROBERT</b> <b>496 W. WHEELLOCK PKWY.</b> <b>ST. PAUL MN 55117</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>SQUILLACE, A. ROBERT</b> <b>496 W. WHEELLOCK PKWY.</b> <b>ST. PAUL MN 55117</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>SQUILLACE, A. ROBERT</b> <b>496 W. WHEELLOCK PKWY.</b> <b>ST. PAUL MN 55117</b>	<input type="checkbox"/> Delete			
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 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 like empowered.					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



MOORE CR2E034 (11/03)