
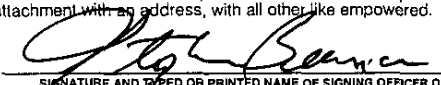


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90018 049 ***150.00

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|--|--|---------------------------|---|--|--|
| DOCUMENT # P00000076583 | | | |  | |
| 1. Entity Name BEEMAN'S NURSERY INC | | | | | |
| Principal Place of Business 3637 STATE RD. 44 NEW SMYRNA BEACH, FL 32168 | | | Mailing Address 3637 STATE RD. 44 NEW SMYRNA BEACH, FL 32168 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-3662752 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | | |
| BEEMAN, STEPHEN E 309 SOUTH INDIAN RIVER ROAD NEW SMYRNA BEACH, FL 32169 | | | | | |
| 7. Name and Address of New Registered Agent | | | | | |
| Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete BEEMAN, STEPHEN E 309 SOUTH INDIAN RIVER ROAD NEW SMYRNA BEACH, FL 32169 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete BEEMAN, GRACYE R 309 SOUTH INDIAN RIVER ROAD NEW SMYRNA BEACH, FL 32169 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Forest M Beeman 3637 STATE ROAD 44 NEW SMYRNA BEACH FL 32168 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Colette M Linsley 3637 STATE ROAD 44 NEW SMYRNA BEACH FL 32168 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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. | | | | | |
| SIGNATURE:  STEPHEN BEEMAN 3/8/04 386 428 8889 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

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