2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004
Secretary of State

DOCUMENT# P01000002137

Entity Name: SOUTHERN SCAPES NURSERY INC.

Current Principal Place of Business:

4141 NW 106TH AVE.
CORAL SPRINGS, FL 33065

New Principal Place of Business:

6660 NW 81ST TERRACE
PARKLAND, FL 33067

Current Mailing Address:

4141 NW 106TH AVE.
CORAL SPRINGS, FL 33065

New Mailing Address:

6660 NW 81ST TERRACE
PARKLAND, FL 33067

FEI Number: 65-1067827 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FABERMAN, RONALD S
4141 NW 106TH AVE.
CORAL SPRINGS, FL 33065

Name and Address of New Registered Agent:

FABERMAN, RONALD S
6660 NW 81ST TERRACE
PARKLAND, FL 33067

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: RON FABERMAN 01/30/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FABERMAN, RONALD S
Address: 4141 NW 106TH AVE.
City-St-Zip: CORAL SPRINGS, FL 33065

Title: S ( ) Delete
Name: FABERMAN, KARRI JO
Address: 4141 NW 106TH AVE
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: FABERMAN, RONALD S
Address: 6660 NW 81ST TERRACE
City-St-Zip: PARKLAND, FL 33067

Title: S (X) Change ( ) Addition
Name: FABERMAN, KARRI JO
Address: 6660 NW 81ST TERRACE
City-St-Zip: PARKLAND, FL 33067

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

SIGNATURE: RON FABERMAN PD 01/30/2004
Electronic Signature of Signing Officer or Director Date