

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000010348

Entity Name: HILLTOP NURSERY, INC.

FILED  
Apr 27, 2004  
Secretary of State

## Current Principal Place of Business:

20904 KINE DR  
EUSTIS, FL 32736

## New Principal Place of Business:

P.O. BOX 1407  
LOXAHATCHEE, FL 33470

## Current Mailing Address:

P.O. BOX 1085  
TAVARES, FL 32778

## New Mailing Address:

P.O. BOX 1407  
LOXAHATCHEE, FL 33470

FEI Number: 59-3699966

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SAVOURY, DENNIS  
20904 KINE DR  
EUSTIS, FL 32736 US

## Name and Address of New Registered Agent:

SAVOURY, DENNIS  
P.O. BOX 1407  
LOXAHATCHEE, FL 33470 US

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: DENNIS A. SAVOURY / PRESIDENT

04/27/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: MR. ( ) Delete  
Name: SAVOURY, DENNIS  
Address: P.O. BOX 1085  
City-St-Zip: TAVARES, FL 32778

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR. (X) Change ( ) Addition  
Name: SAVOURY, DENNIS A PRES.  
Address: P.O. BOX 1407  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: MRS. ( ) Change (X) Addition  
Name: SAVOURY, JENNIS M VP  
Address: P.O. BOX 1407  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: MR ( ) Change (X) Addition  
Name: SAVOURY, ZACHARY A VP  
Address: P.O. BOX 1407  
City-St-Zip: LOXAHATCHEE, FL 33470

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: DENNIS SAVOURY / PRESIDENT

MR.

04/27/2004

Electronic Signature of Signing Officer or Director

Date