## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000014589

Entity Name: HORTICULTURAL MARKETING SERVICES, INC.

FILED Apr 20, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

2602 S. DIXIE HWY., SUITE 4 W. PALM BCH, FL 33401 146 RUTLAND BLVD. W. PALM BCH, FL 33405

**Current Mailing Address: New Mailing Address:** 

2602 S. DIXIE HWY., SUITE 4 W. PALM BCH, FL 33401 PO BOX 6519

W. PALM BCH, FL 33405

FEI Number: 65-1023628 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

MAXEY, WILLIAM MAXEY, WILLIAM 2602 S. DIXIE HWY., SUITE 4 W. PALM BCH, FL 33401 146 RUTLAND BLVD. W. PALM BCH, FL 33405 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: 04/20/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

( ) Delete Title: (X) Change ( ) Addition

MAXEY, WILLIAM MAXEY, WILLIAM Name: Name: 2602 S. DIXIE HWY., SUITE 4 Address: 146 RUTLAND BLVD. Address: City-St-Zip: W. PALM BCH, FL 33401 City-St-Zip: W. PALM BCH, FL 33405

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 Statutés. 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: WILLIAM MAXEY 04/20/2005 D