

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000028859

FILED
Apr 29, 2004
Secretary of State

Entity Name: FLORIDA GREENWAYS NURSERY & LANDSCAPE CENTER, INC.

Current Principal Place of Business:

14979 SOUTHWEST 16TH AVENUE
OCALA, FL 344737847

New Principal Place of Business:

14979 SOUTHWEST 16TH AVENUE
OCALA, FL 344737847 US

Current Mailing Address:

14979 SOUTHWEST 16TH AVENUE
OCALA, FL 344737847

New Mailing Address:

14979 SOUTHWEST 16TH AVENUE
OCALA, FL 344737847 US

FEI Number: 59-3714506

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POU, ARMANDO
14979 SOUTHWEST 16TH AVENUE
OCALA, FL 34473

Name and Address of New Registered Agent:

POU, ARMANDO
14979 SOUTHWEST 16TH AVENUE
OCALA, FL 344737847

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:

04/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: POU, ARMANDO
Address: 14979 SOUTHWEST 16TH AVENUE
City-St-Zip: OCALA, FL

Title: VSD () Delete
Name: POU, GIPSEY M
Address: 14979 SW 16 AVENUE
City-St-Zip: OCALA, FL 344737847

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: POU, ARMANDO
Address: 14979 SOUTHWEST 16TH AVENUE
City-St-Zip: OCALA, FL 344737847 US

Title: VSTD (X) Change () Addition
Name: POU, GIPSY M
Address: 14979 SOUTHWEST 16TH AVENUE
City-St-Zip: OCALA, FL 344737847 US

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: GIPSY M. POU

VSTD

04/29/2004

Electronic Signature of Signing Officer or Director

Date