

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000038142

FILED  
Apr 28, 2004  
Secretary of State

Entity Name: HARLEY'S NURSERY, INC.

## Current Principal Place of Business:

200 "F" STREET SOUTH  
HAINES CITY, FL 33844

## New Principal Place of Business:

200  
HAINES CITY, FL 33844

## Current Mailing Address:

200 "F" STREET SOUTH  
HAINES CITY, FL 33844

## New Mailing Address:

200  
HAINES CITY, FL 33844

FEI Number: 59-3714988

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PRINCE, BRUCE R  
200 "F" STREET SOUTH  
HAINES CITY, FL 33844

## Name and Address of New Registered Agent:

PRINCE, BRUCE R  
200  
HAINES CITY, FL 33844

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: BRUCE R PRINCE

04/28/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PRINCE, BRUCE R  
Address: 125 E GRAHAM PARK DR  
City-St-Zip: HAINES CITY, FL 33844

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BRUCE R PRINCE

P

04/28/2004

Electronic Signature of Signing Officer or Director

Date