


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90236 007 \*\*\*150.00

<b>DOCUMENT # P01000056402</b>		
1. Entity Name <b>OUTBACK TREE FARM AND NURSERY CORPORATION</b>		

2. Principal Place of Business <b>5235 GLOVEWOOD CIRC. PUNTA GORDA, FL 33982</b>	Mailing Address <b>5235 GLOVEWOOD CIRC. PUNTA GORDA, FL 33982</b>
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**94074792**

2. Principal Place of Business <b>5235 Glovewood Circle</b>	3. Mailing Address <b>5235 Glovewood Circle</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



04272004 Chg-P CR2E034 (10/03)

City & State <b>Punta Gorda, Florida</b>	City & State <b>Punta Gorda, Florida</b>
Zip <b>33982-2025</b>	Country
Zip <b>33982-2025</b>	Country

4. FEI Number <b>65-1119510</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>GUNDERSON, MIKO P C/O BATSEL, MCKINLEY, ITTERSAGEN ETAL 1861 PLACIDA RD., STE. 204 ENGLEWOOD, FL 34223</b>	
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7. Name and Address of New Registered Agent Name <b>Allen E. Langdon, Ph.D.</b> Street Address (P.O. Box Number is Not Acceptable) <b>125 First Avenue</b> City <b>Nokomis</b> FL <b>34275-4242</b>	
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8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Allen E. Langdon</i> <b>April 26, 2004</b> (NOTE: Registered Agent signature required when reinstating) DATE	
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PETERS, MARK 7900 CLEVELAND DR. PUNTA GORDA, FL 33982</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D NEWBERRY, CHRIS 30154 CEDAR RD. PUNTA GORDA, FL 33982</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D NEWBERRY, DONALD 30154 CEDAR RD. PUNTA GORDA, FL 33982</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PETERS, GREG 1375 APPALOOSA ST. PORT CHARLOTTE, FL 33980</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D, P Peters, Mark A. 7900 Cleveland Drive Punta Gorda, FL 33982-2057</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D, VP Newberry, Chris 30154 Cedar Road Punta Gorda, FL 33982-1375</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D, S Newberry, Donald 30154 Cedar Road Punta Gorda, FL 33982-1375</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D, T Peters, Greg S. 1375 Appaloosa Street Port Charlotte, FL 33980-3701</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>Mark Peters</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<b>April 26, 2004</b> (941) 628-0377 Date Daytime Phone #