2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P01000059029 1. Entity Name ORIENTAL GARDEN NURSERY, INCORPORATED				Feb 12, 2004 08:00 AM Secretary of State
Principal Place of Business Mailing Address				
19530 LAKE LINCOLN LANE P.O. BOX 399			<u>.</u> .	
EUSTIS FL:	32726	EUSTIS FL 32727		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		I implicate iii maint (sell maint mett mett mett mett mett mett mett me
Gale, ripli 1, oto.				MOORE CR2E034 (11/03)
City & State		City & State		4. FEI Number 59-3723355 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional
	6. Name and Address of Curren	t Devistand Aport	<u> </u>	Fee Required
ļ	o. Name and Address of Curren	t Registered Agent	Name	7. Name and Address of New Registered Agent
HUANG, YUI C			Street Ad	dress (P.O. Box Number is Not Acceptable)
19530 LAKE LINCOLN LANE EUSTIS FL 32726			Street Ao	oress (r.o. box Number is not Acceptable)
	7113 1 4 32720			
			City	FL Zip Code
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent agent and title if applicable.)				
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Ejection Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10. OFFICERS AND DIRECTORS 11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS	HUANG, YUI CHING 19530 LAKE LINCO LANE		NAME STREET ADDRESS	U00000048885 02/13/04-80001-013 150.00
CITY-ST-ZIP	EUSTIS FL 32726		CITY-ST-ZIP	067 13/04-00001-013 130.00
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME CTRUST ADORESS			NAME CIRCLY ADDRESS	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY - ST - ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS CITY-ST-ZIP	•		STREET ADDRESS CITY+ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME		200	NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-S1-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP		<u> </u>	CITY - ST - ZIP	
12 Lharahy	portification information accordingly will	th this filles does not suglify for	s the supremi or state	d in Section 110 07/20/2 Elevide Statutes I further partifus that the information

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:

Yur CHRUH Humy 2-9-4 352 589-1688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ORDINECTOR