__2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 23, 2004 08:00 AM DOCUMENT # P01000060981 **Secretary of State** 1. Entity Name CAROW NURSERY, INC. Principal Place of Business Mailing Address 7690 PICOS RD. FT. PIERCE FL 34945 7690 PICOS RD. FT. PIERCE FL 34945 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite. Apt. #, etc. CR2E034 (11/03) 4. FEI Number City & State Applied For City & State 65-1117696 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CAROW, JOHN R 7690 PICOS RD. Street Address (P.O. Box Number is Not Acceptable) FT. PIERCE FL 34945 Zip Code City 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, AROW PILES SIGNATURE Signature, typed or (NOTE, Registered Agent signature required when reinstating) d name of registered agent and title & applicable FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE ☐ Delete THE HANE CAROW, JOHN R NAME 02/23/04-80069-012 150.00 STREET ADDRESS 7690 PICOS RD. STREET ADDRESS FT. PIERCE FL 34945 CITY-ST-ZIP CSY-S1-789 Change Addition TIBLE ☐ Delete HILE NAME NAME STREET ADDRESS STREET ADORESS CHY-SI-ZIP CITY-ST-ZIP Change Addition ☐ Detete साहर TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE MAAS NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-79 Delete ☐ Addition IIILE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY-ST-ZIP ☐ Addition ☐ Change HILE ☐ Defete TITE F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). 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 trustipe 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.

R. CAROW

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SIGNATURE:

FILED