

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000061081

FILED
Jan 17, 2004
Secretary of State

Entity Name: DADELAND ORNAMENTAL NURSERY, INC.

Current Principal Place of Business:

14740 SW 98 AVE.
MIAMI, FL 33176

New Principal Place of Business:

14740 SW 98 AVE.
MIAMI, FL 331767865

Current Mailing Address:

14740 SW 98 AVE.
MIAMI, FL 33176

New Mailing Address:

14740 SW 98 AVE.
MIAMI, FL 331767865

FEI Number: 65-1115548

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ISSA, VICTOR
14740 SW 98 AVE.
MIAMI, FL 33176

Name and Address of New Registered Agent:

ISSA, VICTOR
14740 SW 98 AVE.
MIAMI, FL 331767865

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:

01/17/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ISSA, VICTOR
Address: 14740 SW 98 AVE.
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: GRUNSKIS, ALFONSE J
Address: 6901 E. CYPRESS HEAD DR.
City-St-Zip: PARKLAND, FL 33067

Title: D () Delete
Name: BORKOWSKI, MICHAEL A
Address: 190 SE 19 AVE.
City-St-Zip: POMPANO BEACH, FL 33060

Title: D () Delete
Name: AHEARN, THOMAS F
Address: 190 SE 19 AVE.
City-St-Zip: POMPANO BEACH, FL 33060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ISSA, VICTOR
Address: 14740 SW 98 AVE.
City-St-Zip: MIAMI, FL 331767865

Title: D (X) Change () Addition
Name: GRUNSKIS, ALFONSE J
Address: 6901 E. CYPRESS HEAD DR.
City-St-Zip: PARKLAND, FL 330671628

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

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: MICHAEL A. BORKOWSKI

VP

01/17/2004

Electronic Signature of Signing Officer or Director

Date