FILED
Jun 07, 2004 8:00 am
Secretary of State
03-15-2004 90036 006 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

66426672

MOORE CR2E034 (11/03)

DOCUMENT # P01000071264

1. Entity Name
R & D NURSERY INC.

Principal Place of Business	Mailing Address
PO BOX 2001 LAKE BELLE FL 33975	PO BOX 2001 LAKE BELLE FL 33975

2. Principal Place of Business	3. Mailing Address
873 F ROAD	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LABELLE FLA	City & State
Zip: 33935 / Country	Zip / Country

4. FEI Number 65-1125681 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FERNANDEZ, RENE
PO BOX 2001
LABELLE FL 33975

7. Name and Address of New Registered Agent
Name: Rene Fernandez
Street Address (P.O. Box Numbers Not Acceptable): 873 F Road
City: Labelle FL Zip Code 33935

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]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $350.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERNANDEZ, RENE ~~PO BOX 2001~~ 873 F. Road ~~LAKE BELLE FL 33975~~ Labelle FL 33935 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DE ARMAS, PAUL 873 F RD LABELLE FL 33935 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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)(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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #