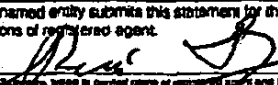
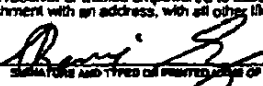


FILED
Jun 07, 2004 8:00 am
Secretary of State

03-15-2004 90036 006 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

DOCUMENT # P01000071264			
1. Entity Name R & D NURSERY INC.			
Principal Place of Business PO BOX 2001 LAKE BELLE FL 33975		Mailing Address PO BOX 2001 LAKE BELLE FL 33975	
2. Principal Place of Business 873 F ROAD		3. Mailing Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LAKE BELLE 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 LAKE BELLE FL 33975		7. Name and Address of New Registered Agent René Fernandez 873 F Road LAKE BELLE FL 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 		DATE	
NOTE: Registered Agent signature required when removing.		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 Fee	
10. OFFICERS AND DIRECTORS			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
10A. OFFICERS AND DIRECTORS		11A. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
PD FERNANDEZ, RENE PO BOX 2001 LAKE BELLE FL 33975 873 F. Road LAKE BELLE FL 33935			
VD DE ARMAS, PAUL 873 F RD LAKE BELLE FL 33935			
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
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 807, 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 the empowered.			
SIGNATURE: 		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF BEARING OFFICER OR DIRECTOR		Delayed Filing Fee	