2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# P02000068950

Entity Name: TROPICAL NURSERY LAND HOLDING COMPANY, INC.

Current Principal Place of Business:

7731 3RD TERRACE
LAKE WORTH, FL 33463

New Principal Place of Business:

Current Mailing Address:

4552 BLUE PINE CIR
LAKE WORTH, FL 33463

New Mailing Address:

FEI Number: 41-2051161 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NAKAMURA, CHARLINE
4552 BLUE PINE CIR
LAKE WORTH, FL 33463 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: NAKAMURA, CHARLINE
Address: 4552 BLUE PINE CIR
City-St-Zip: LAKE WORTH, FL 33463

Title: DV ( ) Delete
Name: REISER, GREGORY S
Address: 5040 WOODLAND DR
City-St-Zip: DELRAY BCH, FL 33484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: CHARLINE NAKAMURA PRES 04/30/2004

Electronic Signature of Signing Officer or Director Date