2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# P02000081691

Entity Name: ARTRIP NURSERIES, INC.

Current Principal Place of Business:

13451 PALM DRIVE
ASTATULA, FL 34705

New Principal Place of Business:

Current Mailing Address:

13451 PALM DRIVE
ASTATULA, FL 34705

New Mailing Address:

FEI Number: 11-3646467 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ARTRIP, GENE
922 CUTLER ROAD
LONGWOOD, FL 32779 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: P ( ) Delete
Name: ARTIP, HAROLD II
Address: 13451 PALM DR.
City-St-Zip: ASTATULA, FL 32705

Title: ST ( ) Delete
Name: ARTRIP, MARGARET
Address: 922 CUTLER RD
City-St-Zip: LONGWOOD, FL 32779+

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ARTRIP, HAROLD II
Address: 13451 PALM DR.
City-St-Zip: ASTATULA, FL 32705

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: HAROLD ARTRIP 11 P 04/30/2005

Electronic Signature of Signing Officer or Director Date