2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000081691

LONGWOOD, FL 32779+

City-St-Zip:

FILED Apr 30, 2005 Secretary of State

Entity Name: ARTRIP NURSERIES, INC. **Current Principal Place of Business: New Principal Place of Business:** 13451 PALM DRIVE ASTATULA, FL 34705 **Current Mailing Address: New Mailing Address:** 13451 PALM DRIVE ASTATULA, FL 34705 FEI Number: 11-3646467 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ARTRIP, GENE 922 CUTLER ROAD LONGWOOD, FL 32779 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition ARTIP, HAROLD II ARTRIP, HAROLD II Name: Name: 13451 PALM DR. 13451 PALM DR. Address: Address: City-St-Zip: ASTATULA, FL 32705 City-St-Zip: ASTATULA, FL 32705 Title: () Delete Title: () Change () Addition ARTRIP, MARGARET Name: Name: 922 CUTLER RD Address: 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