

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000083403

Entity Name: COOL BREEZE NURSERY, INC.

FILED  
Apr 15, 2004  
Secretary of State

**Current Principal Place of Business:**

PO BOX 267382  
WESTON, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 267382  
WESTON, FL 33326

**New Mailing Address:**

FEI Number: 35-2175240

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ERZINGER, KIP S  
4801 SW 168 AVENUE  
SOUTHWEST RANCHES, FL 33331 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: VP ( ) Delete  
Name: ERZINGER, KIP S  
Address: 4801 SW 168 AVENUE  
City-St-Zip: SOUTHWEST RANCHES, FL 33331

Title: PD (X) Delete  
Name: LEVINE, ROBERT J  
Address: 5448 NW 57 STREET  
City-St-Zip: TAMARAC, FL 33319

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: ERZINGER, KIP S  
Address: 4801 SW 168 AVENUE  
City-St-Zip: SOUTHWEST RANCHES, FL 33331

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: KIP S. ERZINGER

PRES

04/15/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date