


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90037 026 ***150.00

DOCUMENT # P02000103325 1. Entity Name SCOTTSFOUR NURSERY, INC.			
Principal Place of Business 4010 EAGLE RIDGE ROAD FRUITLAND PARK, FL 34731		Mailing Address 4010 EAGLE RIDGE ROAD FRUITLAND PARK, FL 34731	
2. Principal Place of Business 32714 Whitney Road <small>Suite, Apt. #, etc.</small>		3. Mailing Address 32714 Whitney Road <small>Suite, Apt. #, etc.</small>	
City & State Leesburg, FLA <small>Zip</small> 34748 <small>Country</small> U.S.A.		City & State Leesburg, FL <small>Zip</small> FLA <small>Country</small> U.S.A.	
4. FEI Number 43-1981208		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TAYLOR, L.E. 1029 WEST MAGNOLIA AVENUE LEESBURG, FL		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City FL Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, DAN REID 4010 EAGLE RIDGE ROAD FRUITLAND PARK, FL 34731 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 607, 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 like empowered.			
SIGNATURE: <i>Page E. Scott</i>		<i>Page E. Scott</i> <i>1/7/04</i> <i>352-787-0901</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	