
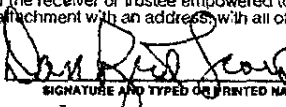


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000103325 1. Entity Name SCOTTSFOUR NURSERY, INC.		
Principal Place of Business 32714 WHITNEY ROAD LEESBURG, FL 34748		Mailing Address 32714 WHITNEY ROAD LEESBURG, FL 34748
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent TAYLOR, L.E. 1029 WEST MAGNOLIA AVENUE LEESBURG, FL		DO NOT WRITE IN THIS SPACE
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 changing)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		
TITLE NAME STREET ADDRESS CITY ST ZIP	D SCOTT, DAN REID 4010 EAGLE RIDGE ROAD FRUITLAND PARK, FL 34731	
TITLE NAME STREET ADDRESS CITY ST ZIP	D SCOTT, PAGE E 4010 EAGLE RIDGE ROAD FRUITLAND PARK, FL 34731	
TITLE NAME STREET ADDRESS CITY ST ZIP		
TITLE NAME STREET ADDRESS CITY ST ZIP		
TITLE NAME STREET ADDRESS CITY ST ZIP		
TITLE NAME STREET ADDRESS CITY ST ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2-21-05 787-0901 <small>Date Daytime Phone #</small>



02212005 No Chg-P CR2E034 (10/03)

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

U000000240981
02/24/05-80026-004 150.00

**DO NOT WRITE
IN THIS SPACE**