


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P03000020662 1. Entity Name MEWA GROWER AND NURSERY, INC.	
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FILED

04 JAN 14 PM 5:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1100 STONE STREET OVIEDO, FL 32765	Mailing Address 1100 STONE STREET OVIEDO, FL 32765
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01152004 Chg-P CR2E034 (10/03) 04

6. Name and Address of Current Registered Agent	
FONG, DAVID 1221 E ROBISON ST ORLANDO, FL 32801	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WONG, MAI K <input type="checkbox"/> Delete 371 RED MULBERRY ST LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WONG, WILLIAM C <input type="checkbox"/> Delete 371 RED MULBERRY ST LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WONG, ANDREW C <input type="checkbox"/> Delete 371 RED MULBERRY ST LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WONG, EDWARD T <input type="checkbox"/> Delete 371 RED MULBERRY ST LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-weight: bold; font-size: 14px;">000027769530</div> <div style="text-align: center; font-weight: bold; font-size: 12px;">01/29/04--01025--017 **150.00</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: See attached _____ Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Document Number
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Business Entity Name
MEWA GROWER AND NURSERY, INC.

FEI Number
FEI Number Status Applied For Not Applicable Current
Certificate of Status Desired Yes No \$8.75 each

Principal Place of Business

Address
Suite, Apt. #, etc.
City, State
Zip Code & Country

Mailing Address

Address
Suite, Apt. #, etc.
City, State
Zip Code & Country

Name And Address of Registered Agent

Name (Last, First, Middle, Title)
-or- RA Business Name
Address
Suite, Apt. #, etc.
City, State
Zip Code & Country

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature



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Business Entity Name

MEWA GROWER AND NURSERY, INC.

Election Campaign Financing Trust Fund Contribution Yes No

Officer/Director Name And Address

Title PD

Name (Last, First, Middle, Title) WONG MAI K

-or- Entity Name

Street Address 371 RED MULBERRY ST

City, State LONGWOOD FL

Zip Code & Country 32779

Title VD

Name (Last, First, Middle, Title) WONG WILLIAM C

-or- Entity Name

Street Address 1155 Oakdale Dr. SE

City, State Smyrna GA

Zip Code & Country 30080

Title VD

Name (Last, First, Middle, Title) WONG ANDREW C

-or- Entity Name

Street Address 313 E. 85 St. Apt. 3C

City, State New York NY

Zip Code & Country 10028

Title SD

Name (Last, First, Middle, Title) WONG EDWARD T

-or- Entity Name

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Street Address 371 RED MULBERRY ST

City, State: LONGWOOD FL

Zip Code & Country 32779

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

List more than six Officers/Directors No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title SD

Officer/Director Signature Edward T. Wong

Continue Reset

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