


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000020662

1. Entity Name
 MEWA GROWER AND NURSERY, INC.



Principal Place of Business Mailing Address

1100 STONE STREET 1100 STONE STREET
 OVIEDO, FL 32765 OVIEDO, FL 32765

DO NOT WRITE IN THIS SPACE



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 56-2353170 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FONG, DAVID
 1221 E ROBISON ST
 ORLANDO, FL 32801

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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, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WONG, MAI K 371 RED MULBERRY ST LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WONG, WILLIAM C 1155 OAKDALE DRIVE SE SMYRNA, GA 30080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WONG, ANDREW C 313 E. 85 STREET, APT 3C NEW YORK, NY 10028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WONG, EDWARD T 371 RED MULBERRY ST LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000182122
 01/19/05-80013-025 150.00

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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: Edward T. Wong EDWARD T. WONG JAN 12, 2005 467 7883180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #