


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 09, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # P03000020662</b> 1. Entity Name <b>MEWA GROWER AND NURSERY, INC.</b>	
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Principal Place of Business <b>1100 STONE STREET OVIEDO, FL 32765</b>	Mailing Address <b>1100 STONE STREET OVIEDO, FL 32765</b>
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**DO NOT WRITE IN THIS SPACE**



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>56-2353170</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

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

**DO NOT WRITE  
IN THIS SPACE**

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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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	

**DO NOT WRITE  
IN THIS SPACE**

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01/10/06 80031-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 MANAGER Jan 6, 2006 407-788-3180  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #