## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000024783

City-St-Zip:

Entity Name: RIVER GLEN NURSERY, INC.

FILED Jan 23, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4001 SOUTH MOON DRIVE VENICE, FL 34292 **Current Mailing Address: New Mailing Address:** 4001 SOUTH MOON DRIVE VENICE, FL 34292 FEI Number: 06-1682965 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BAUER, JOHN G 4001 SOUTH MOON DRIVE VENICE, FL 34292 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition BAUER, JOHN G Name: Name: 4001 SOUTH MOON DRIVE Address: Address: City-St-Zip: VENICE, FL 34292 City-St-Zip: Title: Title: () Change () Addition () Delete Name: HADDAD, RAYMOND Name: 1690 CARROLLWOOD DRIVE Address: Address: SARASOTA, FL 34232

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN G. BAUER **CFO** 01/23/2005