

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000054805

FILED
Apr 19, 2004
Secretary of State

Entity Name: ATLANTIC NURSERIES, INC.

Current Principal Place of Business:

1300 N. FLORIDA MANGO ROAD
#19
WEST PALM BEACH, FL 33409 US

New Principal Place of Business:

10207 100TH STREET SOUTH
BOYNTON BEACH, FL 33437 US

Current Mailing Address:

1300 N. FLORIDA MANGO ROAD
#19
WEST PALM BEACH, FL 33409 US

New Mailing Address:

10207 100TH STREET SOUTH
BOYNTON BEACH, FL 33437 US

FEI Number: 20-0885735

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATRICIA LEBOW, P.A.
ONE NORTH CLEMATIS STREET
SUITE 500
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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:

Title: PSTD () Delete
Name: WOOLFSON, MARK L
Address: 1300 N. FLORIDA MANGO ROAD #19
City-St-Zip: WEST PALM BEACH, FL 33401 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: WOOLFSON, MARK L
Address: 10207 100TH STREET SOUTH
City-St-Zip: BOYNTON BEACH, FL 33437 US

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 Statutes. 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: MARK L. WOOLFSON

PSTD

04/19/2004

Electronic Signature of Signing Officer or Director

Date