

2004 FOR PROFIT CORPORATION ANNUAL REPORT

8/30/2004-90002-019-\$150.00-\$150.00

DOCUMENT # P03000072552 1. Entity Name GLENWOOD NURSERIES, INC					
Principal Place of Business 4731 SW 178 AVE SOUTHWEST RANCHES, FL 33331			Mailing Address 4731 SW 178 AVE SOUTHWEST RANCHES, FL 33331		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 161674009	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WHITICE-HAMER, DEBRA 5280 SW 186 AVENUE SOUTHWEST RANCHES, FL 33332				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when restoring)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete MASRI-WHITICE, MOONA E 4731 SW 178 AVE SOUTHEAST, FL 33331				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete RICO, LUIS 8962 SW 52 STREET COPPER CITY, FL 33328				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete ARIZTIBAL, LUIS 2850 N. PALMAIRE DRIVE BLDG 5 APT 607 POMPANO BEACH, FL 33069				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S.T <input type="checkbox"/> Delete WHITICE-HAMER, DEBRA 5280 SW 186 AVE SOUTHWEST RANCHES, FL 33332				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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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: <u>Debra Whitice Hamer</u> <u>secretary</u> <u>954-434-4585</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07292004 Chg-P CR2E034 (10/03)

04

4. FEI Number
161674009

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITICE-HAMER, DEBRA
5280 SW 186 AVENUE
SOUTHWEST RANCHES, FL 33332

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.

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Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when restoring)

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Due by September 8, 2004**

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Trust Fund Contribution. ☐

**\$5.00 May Be
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In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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SIGNATURE: Debra Whitice Hamer secretary 954-434-4585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/21/04

To Whom It may Concern:

Please accept our apologize
with all the hurricanes, Sept
and Oct. went by so quickly.
We were not sure if FEIN was
the same as EIN?
we hope that is the right
number.

Sincerely,

Glenn Henry