

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000072552

Entity Name: GLENWOOD NURSERIES, INC

FILED
Mar 30, 2005
Secretary of State

Current Principal Place of Business:

4731 SW 178 AVE
SOUTHWEST RANCHES, FL 33331

New Principal Place of Business:

Current Mailing Address:

4731 SW 178 AVE
SOUTHWEST RANCHES, FL 33331

New Mailing Address:

FEI Number: 16-1674009

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITICE-HAMER, DEBRA
5280 SW 186 AVENUE
SOUTHWEST RANCHES, FL 33332 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: P () Delete
Name: MASRI-WHITICE, MOONA E
Address: 4731 SW 178 AVE
City-St-Zip: SOUTHEAST, FL 33331

Title: VP () Delete
Name: RICO, LUIS
Address: 8962 SW 52 STREET
City-St-Zip: COPER CITY, FL 33328

Title: VP () Delete
Name: ARIZTIBAL, LUIS
Address: 2950 N. PALMAIRE DRIVE BLDG 5 APT 607
City-St-Zip: POMPANO BEACH, FL 33069

Title: S.T () Delete
Name: WHITICE-HAMER, DEBRA
Address: 5280 SW 186 AVE
City-St-Zip: SOUTHWEST RANCHES, FL 33332

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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 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: MOONA MASRI-WHITICE

P

03/30/2005

Electronic Signature of Signing Officer or Director

Date