

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90105 024 \*\*\*158.75

**DOCUMENT # P03000143126**



1. Entity Name

**AN EARTH SOLUTIONS COMPANY II – THE  
GARDENER, INC.**

Principal Place of Business  
**1115 ROYAL PALM DR  
DELRAY BEACH FL 33444**

Mailing Address  
**1115 ROYAL PALM DR  
DELRAY BEACH FL 33444**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

**AP-PLIED FOR**

Applied For

Not Applicable

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

**EMERSON, KENNY  
1115 ROYAL PALM DR  
DELRAY BEACH FL 33444**

Name **MELINDA A. Williams**

Street Address (P.O. Box Number is Not Acceptable)

**1115 ROYAL PALM DRIVE**

City **DELRAY BEACH**

**FL**

Zip Code **33444**

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.

SIGNATURE

*Melinda A Williams* (MELINDA A WILLIAMS)

**4/27/05**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reuniting)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete  
NAME **EMERSON, KENNY**  
STREET ADDRESS **1115 ROYAL PALM DR**  
CITY-ST-ZIP **DELRAY BEACH FL 33444**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PRESIDENT** ☐ Delete  
NAME **MELINDA A. WILLIAMS**  
STREET ADDRESS **4540 WHITE FEATHER TRL**  
CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SECRETARY** ☐ Delete  
NAME **VICTOR NOCERA**  
STREET ADDRESS  
CITY-ST-ZIP **DELRAY BEACH, FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TREASURER** ☐ Delete  
NAME **AN EARTH SOLUTIONS CO #25 - THE WORLD OF THE GARDENER**  
STREET ADDRESS **1115 ROYAL PALM DR**  
CITY-ST-ZIP **DELRAY BEACH FL 33444**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Melinda A Williams* (MELINDA A WILLIAMS)

**4/27/05**

**(561) 573-4141**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #