

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000000310

FILED
Jul 01, 2004
Secretary of State

Entity Name: ASHTON NURSERY AND LANDSCAPING, INC.

Current Principal Place of Business:

4755 HIDDEN LANE
ST. CLOUD, FL 34771 US

New Principal Place of Business:

Current Mailing Address:

4755 HIDDEN LANE
ST. CLOUD, FL 34771 US

New Mailing Address:

P.O BOX 701282
ST. CLOUD, FL 34770 US

FEI Number: 01-0656910 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DURHAM, CHERYL A
4755 HIDDEN LANE
ST. CLOUD, FL 34771 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DURHAM, CHERYL A
Address: 4755 HIDDEN LANE
City-St-Zip: ST. CLOUD, FL 34771 US

Title: VP () Delete
Name: MCGRINN, DAVID E JR.
Address: 5251 K.C. DURHAM RD.
City-St-Zip: ST. CLOUD, FL 34771 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S () Change (X) Addition
Name: WINTERS, CARLY M MISS
Address: 5251 K.C. DURHAM RD.
City-St-Zip: ST. CLOUD, FL 34771 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: CHERYL A. DURHAM

P

07/01/2004

Electronic Signature of Signing Officer or Director

_____ Date