2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005
Secretary of State

DOCUMENT# P04000042907

Entity Name: POMELLO PARK NURSERY, INC.

Current Principal Place of Business:

7005 245TH ST
MYAKKA CITY, FL 34251

New Principal Place of Business:

Current Mailing Address:

7005 245TH ST
MYAKKA CITY, FL 34251

New Mailing Address:

FEI Number: 20-1120935 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BEROUSEK, LINE F
7005 245TH ST E
MYAKKA CITY, FL 34251 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: PD ( ) Delete
Name: BEROUSEK, LINE F
Address: 7005 245TH ST E
City-St-Zip: MYAKKA CITY, FL 34251

Title: SD ( ) Delete
Name: BEROUSEK, VACLAV
Address: 7005 245TH ST E
City-St-Zip: MYAKKA CITY, FL 34251

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: LINE BEROUSEK P 01/24/2005

Electronic Signature of Signing Officer or Director Date