


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2005 8:00 am
Secretary of State

08-01-2005 90028 019 ***158.75

DOCUMENT # P04000112271			
1. Entity Name FRED'S GREENERY INC.			
Principal Place of Business 16600 SW 64TH STREET SOUTHWEST RANCHES, FL 33331		Mailing Address 16600 SW 64TH STREET SOUTHWEST RANCHES, FL 33331	
2. Principal Place of Business 6394 Seminole Pratt		3. Mailing Address 6394 Seminole Pratt	
Suite/Apt. #, etc. Whitney Road		Suite/Apt. #, etc. Whitney Road	
City & State LOXAHATCHEE, FL		City & State LOXAHATCHEE, FL	
Zip 33470	Country US	Zip 33470	Country US
6. Name and Address of Current Registered Agent MORALES, ELSIE 16600 SW 64TH STREET SOUTHWEST RANCHES, FL 33331		7. Name and Address of New Registered Agent 10754 Saddlebrook Ln. Wellington, FL 33414	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORALES, FEDERICO 16600 SW 64TH STREET SOUTHWEST RANCHES, FL 33331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NEW ADDRESS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10754 Saddlebrook Lane Wellington, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST MORALES, LUZ E 16600 SW 64TH STREET SOUTHWEST RANCHES, FL 33331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NEW ADDRESS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10754 Saddlebrook Lane Wellington, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Elsie Morales