


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2005 8:00 am**  
**Secretary of State**

02-17-2005 90019 032 \*\*\*150.00

<b>DOCUMENT # P04000113436</b> 1. Entity Name <b>BUZZIN BEE NURSERY, INC.</b>					
Principal Place of Business <del>435 S RIDGEWOOD AVE #210</del> <del>DAYTONA BEACH, FL 32114</del>			Mailing Address <del>435 S RIDGEWOOD AVE #210</del> <del>DAYTONA BEACH, FL 32114</del>		
2. Principal Place of Business P.O. Box 186			Mailing Address P.O. Box 186		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State Pierson, FL			City & State Pierson, FL		
Zip 32180			Zip 32180		
Country US			Country US		
4. FEI Number 05-1230570			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent OPELT, ROBERT 110 PECAN STREET PIERSON, FL 32180			7. Name and Address of New Registered Agent Name OPELT, Robert Street Address (P.O. Box Number is Not Acceptable) 13 SEAFARERS DR. City ORMOND Bch. FL Zip Code 32176		
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: <u>Robert Opelt</u> DATE: <u>2-14-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS OPELT, ROBERT 110 PECAN ST PIERSON, FL 32180	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OPELT 13 SEAFARERS DR. ORMOND Bch. FL 32176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT PACE, FRED PO BOX 731124 ORMOND BEACH, FL 32173	<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: <u>Robert Opelt</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>2-14-05</u> Daytime Phone #: <u>(386) 441-7341</u>		