


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90010 009 ***150.00

DOCUMENT # P94000064608

1. Entity Name
CIALONE NURSERY, INC.



Principal Place of Business
~~5075 95TH AVE. SOUTH~~
~~LAKE WORTH, FL 33467~~

Mailing Address
5075 95TH AVE. SOUTH
LAKE WORTH, FL 33467

30000101



2. Principal Place of Business
10267 W Tara Blvd
 Suite, Apt. #, etc.

3. Mailing Address
Same
 Suite, Apt. #, etc.

01122005 Chg.P CR2E034 (10/03)

City & State
Boynton Beach FL

City & State
 Same

Zip
33437 Country
USA

Zip Country

4. FEI Number
65-0518606

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
PERRY, MARK A
50 S.E. 4TH AVE.
DELRAY BEACH, FL 33483

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

I, the above named entity submit 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 _____ DATE _____
Signature of person or persons if registered agent and to if applicable (NOTE: Registered Agent Signature required when removing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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	
FEI NAME STREET ADDRESS CITY & ZIP	FD CIALONE, JOSEPH C 10267 WEST TARA BLVD BOYNTON BEACH, FL 33437	TITLE NAME STREET ADDRESS CITY & ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
FEI NAME STREET ADDRESS CITY & ZIP	VSTD CIALONE, JOSEPH 7368 WATER DANCE WAY LAKE WORTH, FL 33467	TITLE NAME STREET ADDRESS CITY & ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
FEI NAME STREET ADDRESS CITY & ZIP		TITLE NAME STREET ADDRESS CITY & ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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FEI NAME STREET ADDRESS CITY & ZIP		TITLE NAME STREET ADDRESS CITY & 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)(g), Florida Statutes. I further certify that the information related on this return or supplemental return 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 of this report, or on an attachment with an address, with all other filers empowered.

SIGNATURE: Joseph C. Cialone **Joseph C. Cialone** 1-12-05 734-1188

LEGIBLE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR