2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2004
Secretary of State

DOCUMENT# P94000081269

Entity Name: TROPICARE NURSERIES, INC. INC.

Current Principal Place of Business:

6947 NARCOOSEE ROAD
ORLANDO, FL 32822 US

New Principal Place of Business:

1804 N. GOLDENROD RD
ORLANDO, FL 32807 US

Current Mailing Address:

6947 NARCOOSE RD
ORLANDO, FL 32822 US

New Mailing Address:

1804 N. GOLDENROD RD
ORLANDO, FL 32807 US

FEI Number: 59-3278027 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KLIMIS, GEORGE N.
27 EAST ORANGE STREET
TARPON SPRINGS, FL 34689 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: HUGHES, JON
Address: 2702 BASS LAKE BLVD.
City-St-Zip: ORLANDO, FL 32806

Title: V ( ) Delete
Name: HUGHES, TIMOTHY W
Address: 3197 SANIBEL DR.
City-St-Zip: SPRING HILL, FL 34608

Title: S ( ) Delete
Name: HUGHES, JENNIFER H
Address: 2702 BASS LAKE BLVD.
City-St-Zip: ORLANDO, FL 32806

Title: T ( ) Delete
Name: HUGHES, JUDITH A
Address: 3197 SANIBEL DR.
City-St-Zip: SPRING HILL, FL 34607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JON P. HUGHES P 05/08/2004

Electronic Signature of Signing Officer or Director Date