## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000032894

City-St-Zip:

JACKSONVILLE, FL 32258

Entity Name: COLITHEASTERN ORNAMENTAL IDON INC

FILED Apr 27, 2005 Secretary of State

Entity Nar	me: SOUTHE	EASTERN ORNAMENTAL IRC	DN, INC.				
Current Principal Place of Business:				New Principal Place of Business:			
11037 E DISTRIBUTION AVE JACKSONVILLE, FL 32256				11307 E DISTRIBUTION AVE JACKSONVILLE, FL 32256			
Current Mailing Address:				New Mailing Address:			
11037 E DISTRIBUTION AVE JACKSONVILLE, FL 32256				11307 E DISTRIBUTION AVE JACKSONVILLE, FL 32256			
FEI Number:	: 59-3054294	FEI Number Applied For ( )	FEI Num	ber Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
GREEN, BOBBY 11037 E DISTRIBUTION AVE JACKSONVILLE, FL 32256 US				GREEN, BOBBY 11307 E DISTRIBUTION AVE JACKSONVILLE, FL 32256 US			
	named entity e of Florida.	submits this statement for the	purpose of	changing i	ts registere	d office or registered agent, or both,	
SIGNATURE: BOBBY GREEN				04/27/2005			
Electronic Signature of Registered Agent				Date			
Election Car	npaign Financir	ng Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P ( GREEN, JAME 1117 NECK RI PONTE VEDR	D.		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	V ( GREEN, BOBE 12831 CARON MANDARIN, FI	IST.		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address:	S ( WISSEL, REB 11510 EAGLE			Title: Name: Address:	S BROWER, I 11510 EAG	(X) Change ()Addition REBECCA LE CREST LANE	

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.

City-St-Zip:

JACKSONVILLE, FL 32258

SIGNATURE: BOBBY GREEN V 04/27/2005