


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90072 014 ***150.00

DOCUMENT # P95000080100	
1. Entity Name SHADOW WOOD NURSERY CORPORATION	

Principal Place of Business 6911 NW 84TH AVENUE PARKLAND FL 33067	Mailing Address 6911 NW 84TH AVENUE PARKLAND FL 33067
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2. Principal Place of Business 6911 N.W. 84th Ave. Suite, Apt. #, etc. PARKLAND, FLA. City & State	3. Mailing Address Shadow Wood Nursery Suite, Apt. #, etc. P.O. Box 670605 City & State CORAL SPRINGS, FLA. Zip 33067 Country USA
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MOORE CR2E034 (11/03)

4. FEI Number 13-9284647		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent DONNELLY, JUNE 6911 N.W. 84TH AVE. PARKLAND FL 33067		

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 June Donnelly <small>Signature, typed or printed name of registered agent and title if applicable.</small>	June Donnelly <small>(NOTE: Registered Agent signature required when reinstating)</small>
DATE 1-30-04	

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONNELLY, PATRICK 6911 NW 84TH AVENUE PARKLAND FL 33067 <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	D DONNELLY, JUNE 6911 NW 84TH AVENUE PARKLAND FL 33067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: June Donnelly <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	June Donnelly <small>Date</small> 1-30-04 <small>Daytime Phone #</small> 954-426-2147