


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000081827**

1. Entity Name  
**MCCURDY NURSERY, INC.**



Principal Place of Business <b>24900 SOUTHWEST 197TH AVENUE          HOMESTEAD, FL 33031</b>	Mailing Address <b>24900 SOUTHWEST 197TH AVENUE          HOMESTEAD, FL 33031</b>
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**DO NOT WRITE IN THIS SPACE**



01132004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0629546</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**PASTRAN, RAUL  
 333 NE 8TH STREET  
 HOMESTEAD, FL 33030**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees


10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD MCCURDY, ROBERT 24900 SOUTHWEST 197TH AVENUE HOMESTEAD, FL 33031
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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:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_