## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Mar 15, 2004 8:00 am Secretary of State

03-15-2004 90024 012 \*\*\*150 00

ANNUAL REPORT (AR)	
DOCUMENT # P95000094335	
1. Entity Name	LAT

1. Entity Nam	ie			14.3	03-15-2004 90024 (	012 130	.00	
SUNCRES	ST NURSERY, INC.		le le					
			1	VI LINE				
Principal Plac	ce of Business	Mailing Address						
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FT. MYERS FL 33912 ESTERO FL 33928			}	,	240228	339		
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2. Principal P	Place of Business	3. Mailing Address	<u> </u>					
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Suite, Apt. #, etc. Suite, Apt. #, etc.				MOORE C	CR2E034 (11	1/03)		
City & Stat	le .	City & State			4. FEI Number 65-0583399		<u> </u>	plied For t Applicable
Zip	Country	Zip	Country	<del>-</del>		<b>¢</b> s	.75 Addi	
	1		3337.1.)		5. Certificate of Status Desired		Required	
	6. Name and Address of	Current Registered Agent			7. Name and Address of New Re	gistered Ager	nt	
			Name			-		
	DERMAN, DEAN		Street	Address (P.	O_Box Number is Not Acceptable)	<u> </u>	·	
	<del>5 CROCUS CT -</del> MYERS FL 33912		135	<u> </u>	Eagle Ridge I	Jr. Ap	<u>† 72</u>	2.7
ı	W11 E110 1 E 000 1E		{		~ ~	•		
,			City	71 111	ers, FL	FL	Zip Code	<u> </u>
P. The above	named antity submits this state	ement for the purpose of changing its	registered office	7 /14	d appart or both in the State of Flor		33	912
	tions of registered agent.	ement or the purpose of changing its	registered onice	or registered	a agent, or both, in the state of Flor	nua. Lamiaini	nai wiin, a	and accept
								:
SIGNATURE	Signature, typed or printed name of regis	tered agent and title if applicable. (NOTE	E: Registered Agent sign	nature required w	then reinstating)	DATE		
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British and British and the second second	TILE NOW!!! FEE IS \$150 r May 1: 2004 Fee will be \$	: 1.4 × 1101 (0.79 € 1)   600 (100 C)   1			9. Election Campaign Fina	~ —	\$5.0	0 мау ве
. Afte	FILE NOW!!! FEE IS \$150 or May 1, 2004 Fee will be \$ k Payable to Florida Depart	550.00			9. Election Campaign Fina Trust Fund Contribution	~ —	<b>\$5.0</b> ( Added	O May Be to Fees
. Afte	r May 1, 2004 Fee will be \$ k Payable to Florida Depart	550.00	11.			. 0	Added	to Fees
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12. Thereby 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: LIAN / Amdermone Dean V. Hinderman Z-24-04 239-340-510