

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

04 JAN 15 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000010784

1. Entity Name
EDGEWOOD NURSERY, INC.



Principal Place of Business
326 HAVANA ROAD
VENICE, FL 34292

Mailing Address
326 HAVANA ROAD
VENICE, FL 34292



01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0698080

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RODEN, DONNA-LEE M ESQ.
901 VENETIA BAY BLVD.
SUITE 110
VENICE, FL 34292

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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 P
NAME COOPER, C WAYNE
STREET ADDRESS 326 HAVANA RD
CITY-ST-ZIP VENICE, FL

TITLE VP
NAME ELLIOTT, DAVID
STREET ADDRESS 326 HAVANA RD
CITY-ST-ZIP VENICE, FL 34292

TITLE S/T
NAME WILLIS, MIA
STREET ADDRESS 4492 BROOKSDALE DR
CITY-ST-ZIP SARASOTA, FL 34232

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000027381020
01/22/04--01013--019 **150.00

**DO NOT WRITE
IN THIS SPACE**

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: Carl Wayne Cooper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-04
Date

941 4888899
Daytime Phone #