

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90051 004 ***150.00

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01132005 Chg-P CR2E034 (10/03)

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		
2. Principal Place of Business <i>244 Snyder Dr</i> Suite, Apt. #, etc. <i>VENICE FL</i> City & State			3. Mailing Address <i>244 Snyder Dr</i> Suite, Apt. #, etc. <i>VENICE FL</i> City & State		
Zip 34292		Country SARASOTA		4. FEI Number 65-0698080	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent RODEN, DONNA-LEE M ESQ. 901 VENETIA BAY BLVD. SUITE 110 VENICE, FL 34292			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COOPER, C WAYNE 326 HAVANA RD VENICE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ELLIOTT, DAVID 326 HAVANA RD VENICE, FL 34292		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P BRETT COOPER 1137 LAKE GREENWOOD DR N. ARSUTA 29841	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T WILLIS, MIA 4492 BROOKSDALE DR SARASOTA, FL 34232		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S-T VALERIE COOPER 244 SNYDER DR VENICE FL 34292	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>C Wayne Cooper</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<i>C WAYNE COOPER</i> <small>Date</small>		
1/19/05			941 915 0579 <small>Daytime Phone #</small>		