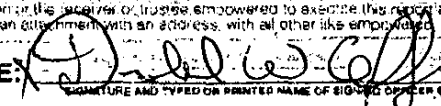


FILED
Aug 05, 2004 8:00 am
Secretary of State

08-05-2004 90007 003 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P96000055328			
1. Entity Name HORTICULTURAL SERVICES OF CENTRAL FLORIDA, INC.			
Principal Place of Business 132 CLOVERDALE TRAIL GENEVA, FL 32732 US		Mailing Address P.O. BOX 234 GOTHA, FL 34734 US	
2. Principal Place of Business		3. Mailing Address P.O. Box 563	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State Geneva FL		4. FEI Number 59-3392809	
Zip 32732		Country	
6. Name and Address of Current Registered Agent THOMAS JOSEPH W II 950 S. WINTER PARK DRIVE SUITE 112 CASSELBERRY, FL 32707		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ DATE _____			
9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees ☐ In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: ☐ Delete NAME: GRiffin, DONALD W JR STREET ADDRESS: 132 CLOVERDALE TRAIL CITY-STATE-ZIP: GENEVA, FL 32732		TITLE: ☒ Change ☐ Addition NAME: GRiffin, DONALD W JR STREET ADDRESS: 132 CLOVERDALE TRAIL CITY-STATE-ZIP: GENEVA, FL 32732	
TITLE: ☐ Delete NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____		TITLE: ☐ Change ☐ Addition NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	
TITLE: ☐ Delete NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____		TITLE: ☐ Change ☐ Addition NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	
TITLE: ☐ Delete NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____		TITLE: ☐ Change ☐ Addition NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	
TITLE: ☐ Delete NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____		TITLE: ☐ Change ☐ Addition NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in indicated on this report or supplemental report is true and accurate and that my signature shall have it of the corporation or the officer or trustee empowered to execute this report as required by Chapter 1 changed, or on an attachment with an address, with all other like employees.			
SIGNATURE:  _____			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR			

24078498



07142004 Chg-P CR2E034 (10/03)

4. FEI Number
59-33928095. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ FL Zip Code _____

Please note
 correct spelling
 of last name
 + new mailing
 address -
 Thank You