07/14/2004 15:08 4073289050 J MICHAEL H

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Secretary of State
08-05-2004 90007 003 ***150.00

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2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000055328

1. Entity Name
HORTICULTURAL SERVICES OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
132 CLOVERDALE TRAIL GENEVA, FL 32732 US	P O BOX 234 GOTHA, FL 34734 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 563 Suite, Apt. #, etc.
City & State	City & State Geneva FL
Zip / Country	Zip 32732 / Country

07142004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3392809 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THOMAS, JOSEPH W II 950 S. WINTER PARK DRIVE SUITE 112 CASSELBERRY, FL 32707	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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
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
Due by September 8, 2004

9. ☐ Election Campaign Financing Trust Fund Contribution. **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRIFFIN, DONALD W JR 132 CLOVERDALE TRAIL GENEVA, FL 32732	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition D GRIFFIN DONALD W JR 132 CLOVERDALE TR GENEVA FL 32732
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

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

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 t of the corporation or the receiver or trustee empowered to execute this report as required by Chapter changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donald W Griffin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #