

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000089321

FILED
Apr 22, 2004
Secretary of State

Entity Name: FLAMINGO BEND NURSERY, INC.

Current Principal Place of Business:

11361 RIGGS ROAD
NAPLES, FL 34114

New Principal Place of Business:

11825 RIGGS ROAD
NAPLES, FL 34114

Current Mailing Address:

11361 RIGGS ROAD
NAPLES, FL 34114

New Mailing Address:

265 CAYS DRIVE
2107
NAPLES, FL 34114

FEI Number: 65-0703865

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KALMANEL, MARK A
11361 RIGGS ROAD
NAPLES, FL 34114 US

Name and Address of New Registered Agent:

KALMANEL, MARK A
265 CAYS DRIVE
2107
NAPLES, FL 34114 US

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.

SIGNATURE: MARK ALLEN KALMANEK

04/22/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVPD () Delete
Name: KALMANEK, MARK
Address: 11361 RIGGS ROAD
City-St-Zip: NAPLES, FL

Title: STD () Delete
Name: KALMANEK, JENNIFER
Address: 11361 RIGGS ROAD
City-St-Zip: NAPLES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVPD (X) Change () Addition
Name: KALMANEK, MARK
Address: 265 CAYS DRIVE #2107
City-St-Zip: NAPLES, FL 34114

Title: STD (X) Change () Addition
Name: KALMANEK, JENNIFER
Address: 265 CAYS DRIVE #2107
City-St-Zip: NAPLES, FL 34114

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK ALLEN KALMANEK

PVPD

04/22/2004

Electronic Signature of Signing Officer or Director

Date