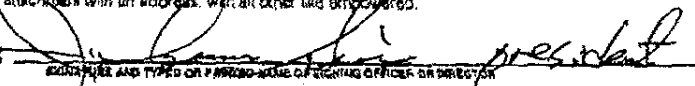


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000101344		
1. Entity Name SIM'S NURSERY, INC.		
Principal Place of Business 14027 ADAIR AVE SORRENTO, FL 32776 US		Mailing Address 24029 ADAIR AVE SORRENTO, FL 32776 US
DO NOT WRITE IN THIS SPACE		
		 04152004 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-3416348
		Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SIM, JAE KWAN 24229 ADAIR AVENUE SORRENTO, FL 32776		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		
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$500.00		
10. OFFICERS AND DIRECTORS		1100000140958 04/29/04-80183-005 150.00 DO NOT WRITE IN THIS SPACE
TITLE	P	
NAME	JAE KWAN, SIM	
STREET ADDRESS	24029 ADAIR AVE	
CITY-ST-ZIP	SORRENTO, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(b), 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 its receiver or trustee empowered to execute the 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 employees.		
SIGNATURE:  president  352-383-5515		