2004 FOR PRO ANNUAL	FIT CORPO REPORT (A	FILED	
DOCUMENT # P97000011957 1. Entity Name MEYER'S GARDEN CENTER, INC.			Jan 28, 2004 08:00 AM Secretary of State
Principal Place of Business 7920 NO MILITARY TRAIL LAKE PARK FL 33410	Mailing Address 7920 NO MILITARY LAKE PARK FL 334	/ TRAIL #10	
2. Principal Place of Business	3. Mailing Address		
Suite. Apt #, etc.	Suite, Apt #, etc.		MOORE CR2E034 (11/03)
City & State	City & State		4. FEI Number 65-0843763 Applied For Not Applicable
Zip Country	Zıp	Country	5. Certificate of Status Desired Fee Required
6. Name and Address of Curr	rent Registered Agent		7. Name and Address of New Registered Agent
		Name	
WYATT, GUY W 7920 NO MILITARY TRAIL LAKE PARK FL 33410		Street Address	(P.O. Box Number is Not Acceptable)
		City	FL Zip Code
	nt for the purpose of changing	g its registered office or registe	ared 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 a	agont and litle if applicable (NOTE. Registered Agent signature require	od whon roinstating) DATE
FILE NOW !!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550 Make Check Payable to Florida Departme	.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
	AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE D NAME WYATT, GUY W STREET ADDRESS 8309 STEEPLECHASE DRIVE CITY-ST-ZIP PALM BEACH GARDENS FL 3	Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	□ Change □ Addition U00000020377 01./29./04~80063~002_15000
TITLE D NAME WYATT, HILARY STREET ADDRESS 8309 STEEPLECHASE DRIVE CITY-ST-ZIP PALM BEACH GARDENS FL 3	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS ² CITY - ST- ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	🗋 Delete	TITLE NAME STREET AODRESS CITY - ST - ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY - ST- ZIP	Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	Change Addition
TITLE NAME STREET ADDRESS CIFY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition
 I hereby certify that the information supplied indicated on this report or supplemental rep of the corporation or the receiver or trustee of changed, or on an attachment with an addree 	ess, with all other like empowe	red.	section 119.07(3)(i), Florida Statutes. I further certify that the information a same legal effect as if made under oath, that I am an officer or director of, Florida Statutes; and that my name appears in Block 10 or Block 11 if
	DORPRINTED NAME OF SIGNING OFFI	GUY W. WYA	ATT 1-27-04 561-842-3261 Date Dayime Phone #