

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000075822

FILED
Jan 10, 2005
Secretary of State

Entity Name: HIDDEN FOX NURSERY, INC.

Current Principal Place of Business:

9603 SW FOX BROWN RD.
INDIANTOWN, FL 34956

New Principal Place of Business:

Current Mailing Address:

9603 SW FOX BROWN RD.
INDIANTOWN, FL 34956

New Mailing Address:

P.O. BOX 874
INDIANTOWN, FL 34956

FEI Number: 65-0838548

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVERSA, JEFFREY N
DAVERSA AND MARTYN, P.A.
218 US HWY ONE, STE. 202
TEQUESTA, FL 33469 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SIEFKER, MICHELLE
Address: 15952 SW MORGAN ST.
City-St-Zip: INDIANTOWN, FL 34952

Title: DST () Delete
Name: PADGETT, SUSAN W
Address: 9603 SW FOX BROWN RD.
City-St-Zip: INDIANTOWN, FL 34956

Title: D () Delete
Name: TAYLOR, WILLIAM J JR
Address: 3900 COUNTY LINE RD, #12B
City-St-Zip: TEQUESTA, FL 33469

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HILL, FRANK R JR
Address: 6851 SW SPRINGHAVEN AVENUE
City-St-Zip: INDIANTOWN, FL 34956

Title: VP (X) Change () Addition
Name: SIEFKER, MICHELLE
Address: 15952 S.W. MORGAN STREET
City-St-Zip: INDIANTOWN, FL 34956

Title: SEC (X) Change () Addition
Name: HILL, BONNIE L
Address: 6851 SW SPRINGHAVEN AVENUE
City-St-Zip: INDIANTOWN, FL 34956

Title: D () Change (X) Addition
Name: SIEFKER, STEPHEN
Address: 15952 S.W. MORGAN STREET
City-St-Zip: INDIANTOWN, FL 34956

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: BONNIE L HILL

SEC

01/10/2005

Electronic Signature of Signing Officer or Director

Date