


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000102325	
1. Entity Name MI NURSERY, INC.	

Principal Place of Business 861 N. HERCULES AVE CLEARWATER, FL 33765 US	Mailing Address 861 N. HERCULES AVE CLEARWATER, FL 33765 US
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04292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3480513	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FASENMYER, JANET 861 N HERCULES AVE CLEARWATER, FL 33765

**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. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GUTHRIE, SARAH W 861 N. HERCULES AVE. CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP POPPLTON, JAY K 861 N. HERCULES AVE. CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO DESOTO, PETER 861 N. HERCULES AVE. CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPP FASENMYER, JANET 861 N. HERCULES AVE. CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 the receiver or trustee empowered to execute this 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 empowered.

SIGNATURE: J. D. Fassenmyer 4/29/04 727-461-0501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #