2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000009891

1. Entity Name
NATHAN WILLIAMS EXOTIC PLANT CARE, INC.

Principal Place of Business	Mailing Address
133 LEE ST. INDIALANTIC, FL 32903 US	133 LEE ST. INDIALANTIC, FL 32903 US

DO NOT WRITE IN THIS SPACE

01142005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3489784	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, NATHAN L
133 LEE ST
INDIAN HARBOR BEACH, FL 32903

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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 _~Nathan Williams~_
Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)

DATE 1/16/05

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	WILLIAMS, NATHAN L
STREET ADDRESS	133 LEE ST.
CITY-ST-ZIP	INDIALANTIC, FL 32903

U00000187707
01/24/05-80026-017 150.00

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: _~Nathan Williams~_   1/16/05 321777 0959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #