


**2004. FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 08:00 AM
Secretary of State

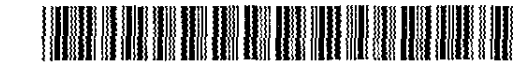
DOCUMENT # P98000013109

1. Entity Name
SMITH'S NURSERY OF CENTRAL FLORIDA, INC.



Principal Place of Business 115 ATLANTIC AVE MASCOTTE, FL 34753	Mailing Address 115 ATLANTIC AVE MASCOTTE, FL 34753
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DO NOT WRITE IN THIS SPACE



03072004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3492518	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, DREW
115 ATLANTIC AVE
MASCOTTE, FL 34753

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IN THIS SPACE**

B. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating)

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	U00000087340 03/15/04-80007-012 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, A.K. 115 ATLANTIC AVE MASCOTTE, FL 34753
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, DREW 3311 CLAY AVE ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATTISON, OTIS W III 4454 AG ROAD GROVELAND, FL 34736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(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: Albert K Smith **3-10-04** (352) 429-2085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #