


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90152 022 ***150.00

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| DOCUMENT # P98000074839 1. Entity Name LANDSCAPE FLOWER GROWERS, INC. | |  | |
| Principal Place of Business 12404 SHELBY DRIVE RIVERVIEW FL 33569 | | Mailing Address PO BOX 606 RIVERVIEW FL 33569 | |
| 2. Principal Place of Business 8221 Hwy 674 Suite, Apt. #, etc. | | 3. Mailing Address PO Box 7 Suite, Apt. #, etc. | |
| City & State Wimauma FL | | City & State Wimauma FL | |
| Zip 33598 | | Country USA | |
| 4. FEI Number 59-3529648 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WILSON, CAROLYN J 12404 SHELBY DR RIVERVIEW FL 33569 | | 7. Name and Address of New Registered Agent Name Wilson, Carolyn J Street Address (P.O. Box Number is Not Acceptable) 8221 Hwy 674 City Wimauma FL Zip Code 33598 | |
| 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 <u><i>Carolyn J Wilson</i></u> Carolyn J Wilson President 4/15/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD WILSON, CAROLYN J 12404 SHELBY DRIVE RIVERVIEW FL 33569 | <input type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD Wilson, Carolyn J 8221 Hwy 674 Wimauma, FL 33598 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 or other like empowerment. | | | |
| SIGNATURE: <u><i>Carolyn J Wilson</i></u> Carolyn J Wilson 4/12/05 813 833 2545 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #</small> | | | |

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