2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Jan 16, 2004 08:00 AM Secretary of State **DOCUMENT # P98000082080** 1. Entity Name ROY BATTY NURSERY, INC. Mailing Address Principal Place of Business 1020 MINGO DRIVE 1020 MINGO DRIVE NAPLES, FL 34120 NAPLES, FL 34120 01062004 No Chg-P CR2E034 (10/03) Applied For 4. FEI Number 59-3545422 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required Name and Address of Current Registered Agent BATTY, M. ROY 1020 MINGO DR NAPLES, FL 34120 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. (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE BATTY, ROY NAME. 1020 MINGO DRIVE STREET ADDRESS U00000006009 CRY-ST-ZP NAPLES, FL 34120 01/16/04-80017-016 150.00 TITLE NAME STREET ADDRESS CTTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 effect 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.

FILED