2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2004 8:00 am
Secretary of State
04-26-2004 91119 001 ***300.00

4/.

DOCUMENT # P98000103889 1. Entity Name ISLAND GROVE AQUATIC PLANT NURSERY AND LANDSCAPING, INC.						}					
Principal Place of Business			Mailing Address	Mailing Address			00400-				
1425 NW 6TH STREET GAINESVILLE, FL 32601 US			1425 NW 6TH STREET Gainesville, FL 32601 US			66421360					
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2. Principal Place of Business			3. Mailing Address					1111 1111 1111			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01302004	Chg-P	CR2E034			
City & State			City & State			4. FEI Numb 59-354	· .		<u> </u>	plied For Applicable	
Zip	Country		Zip Couni		itry		5. Certificate of Status Desired See Require				
6. Name and Address of Current F			Registered Agent			7. Name and Address of New Registered Agent					
SALAFRIO		•		Name			VRO Dov Number in Not Accordable				
1425 NW 6TH STREET GAINESVILLE FL 32601			•	Street Addres			(P.O. Box Number is Not Acceptable)				
•,				,					7:- Code		
* The above		Air statement for	the second observation it	ietar	City		the State of f	FL Borista Lam far	Zip Code		
8. The above named entity submits his 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 STATE OF THE STATE OF											
Signature, typed or plinted interesting digent and title if explicable. (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 \$5.00 May Be Trust Fund Contribution. Added to Fees											
, 10.	Р	OFFICERS AND	DIRECTORS Delete	11. TITU		ADDITIONS	/CHANGES TO OF			IN 11	
, TITLE , NAME	GOERGE, FOSTER			NAM	- 1		•		Change	L. AGGRON	
STREET AOORESS		ORTEZ BLVD. SVILLE, FL 34607			EET ADORESS (-ST-ZIP)	
TITLE	S Delete			ппи					☐ Change	Addition	
NAME STREET ADDRESS	1	, GEORGE	•	JAAN TARTS							
CITY-ST-ZP	4420 CORTEZ BLVD. BROOKSVILLE, FL 34607				EET ADDRESS Y-ST-ZIP						
THE			☐ Delete	TITL					Change	Addition	
name Street adoress	l			NAM STRE	AE EET ADDRESS			-			
CITY-ST-ZIP				_	Y-ST-ZIP			 _			
HAME	-	يامجا بالأدياء مينجيعة به	Delete	MAM		تنت تين			Change	Addition_	
STREET ADORESS CITY-ST-ZIP				STRE	EET ADORESS Y-ST-ZIP					i ,	
ITILE			☐ Deleta	TITL			·		Change	Addition	
NAME ETREET ADDOCCO			, 	NAM	Æ .					_	
STREET AODRESS CITY-ST-ZIP					EET ADDRESS Y-ST-ZIP				•	:	
TITLE			☐ Delete	7111					☐ Change	Addition	
NAME Street address	1			NAM STRI	NE BEET ADORESS	-					
CITY-\$1-ZIP	<u> </u>		·	CITY	Y-\$T-21P						
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 supplied ental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trusfee 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:											
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