


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000106827</b> 1. Entity Name <b>G &amp; W OF THE PALM BEACHES, INC.</b>					
Principal Place of Business <b>POTTED PLANT &amp; FLOWER SHOP (DBA)</b> <b>235 S COUNTY ROAD, SUITE 1</b> <b>PALM BEACH FL 33480</b> <b>US</b>		Mailing Address <b>POTTED PLANT &amp; FLOWER SHOP (DBA)</b> <b>235 S COUNTY ROAD, SUITE 1</b> <b>PALM BEACH FL 33480</b> <b>US</b>			
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>65-0883911</b> <div style="float: right; border: 1px solid black; padding: 2px;">         Applied For  <input type="checkbox"/> Not Applicable       </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Name and Address of Current Registered Agent  <b>GREGORY, GORDON P</b> <b>POTTED PLANT &amp; FLOWER SHOP</b> <b>235 S COUNTY ROAD, SUITE 1</b> <b>PALM BEACH FL 33480</b>			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		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)      DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>GREGORY, GORDON P</b> <b>2551 SW 11TH STREET</b> <b>BOYNTON BEACH FL 33426</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <div style="text-align: center;"> <b>U00000016853</b>  <b>01/28/04-80072-021 150.00</b> </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>WISEMAN, SANDRA L</b> <b>4749 AVOCADO BLVD.</b> <b>WEST PALM BEACH FL 34411</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> _____			Date <b>1/22/04</b> Daytime Phone # <b>(561) 659-7174</b>		