


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90291 048 ***150.00

DOCUMENT # P99000020516	
1. Entity Name FLORIDA NATIVES NURSERY, INC.	

Principal Place of Business 17711 LIVINGSTON AVE LUTZ, FL 33559	Mailing Address 17711 LIVINGSTON AVE LUTZ, FL 33559
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14012003

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



04222004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent	
MERADITH, REGINA M 814 HOWARD BLVD. SE. TAMPA, FL 33606	

7. Name and Address of New Registered Agent	
Name	
S 17711 Livingston Ave.	
City Lutz	FL Zip Code 33559

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 _____ DATE **4/26/04**

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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	D MILAM, LAURIE R
STREET ADDRESS	17711 LIVINGSTON AVE
CITY - ST - ZIP	LUTZ, FL 33559
TITLE	<input type="checkbox"/> Delete
NAME	VP CAPPARELLI, BRIAN
STREET ADDRESS	17711 LIVINGSTON AVE
CITY - ST - ZIP	LUTZ, FL 33559
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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: 

DATE: **4/26/04** DAYTIME PHONE #: **813-948-7477**