


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90013 035 ***150.00

DOCUMENT # P99000036510	
1. Entity Name BOTANICAL VISIONS, INC.	

Principal Place of Business 4221 SEAGRAPE DR LAUDERDALE BY THE SEA FL 33308	Mailing Address 4221 SEAGRAPE DR LAUDERDALE BY THE SEA FL 33308
-------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------

54017616



MOORE CR2E034 (11/03)

2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 441 NE 46th St. Suite, Apt. #, etc.	
City & State		City & State Boca Raton, FL	
Zip	Country	Zip	Country
		33431	U.S.

4. FEI Number 65-0959043	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 WOLFF, CLIFFORD A ESQ. 3800 GALT OCEAN DR. STE. 914 FT. LAUDERDALE FL 33308

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	Ste. 1612
City	FL 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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
-------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	REEVE, WILLIAM H
STREET ADDRESS	15831 NORTH ROAD
CITY-ST-ZIP	LOXAHATCHEE FL 33470
TITLE	VS <input type="checkbox"/> Delete
NAME	MENNUTI, JENNIFER
STREET ADDRESS	4221 SEA GRAPE DR.
CITY-ST-ZIP	LAUDERDALE-BY-THE-SEA FL 33308
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	VS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Atwood, Jennifer
STREET ADDRESS	340 SE 6th Terrace
CITY-ST-ZIP	Pompano Beach, FL 33060
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: Jennifer Atwood **Jennifer Atwood** 3/8/2004 954-464-3409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #