

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 17, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000083409 1. Entity Name ADAMS NURSERY AND WATER GARDEN, INC.	
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Principal Place of Business 7510 46TH N. KENNETH CITY, FL 33709	Mailing Address 6037 45TH AVE N. KENNETH CITY, FL 33709
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DO NOT WRITE IN THIS SPACE



05072004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3606256	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

KOWZAN, LINDA A
6037 45TH AVE N.
KENNETH CITY, FL 33709

**DO NOT WRITE
IN THIS SPACE**

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: *Linda A. Kowzan* *Linda A. Kowzan* DATE: 9/14/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOWZAN, LINDA A 6037 45TH AVE N. KENNETH CITY, FL 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOWZAN, JEFFREY J 6037-45TH AVE N KENNETH CITY, FL 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000172369
09/17/04-80006-019 400.00

U000000172369
09/17/04-80006-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Linda A. Kowzan* DATE: 9/14/04 727-547-2063

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR