

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V01530

FILED
Apr 20, 2004
Secretary of State

Entity Name: WOODLAND NURSERIES, INC.

Current Principal Place of Business:

5287 NEW KINGS RD.
JACKSONVILLE, FL 32209 US

New Principal Place of Business:

Current Mailing Address:

5287 NEW KINGS RD.
JACKSONVILLE, FL 32209 US

New Mailing Address:

FEI Number: 59-3097499 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CONE, FRED M., JR.
225 WATER STREET
SUITE 1235
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

FRANK J. YONG, P.A.
4570 ST. JOHNS AVENUE
SUITE 1 A
JACKSONVILLE, FL 32210 US

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.

SIGNATURE: FRANK J. YONG

04/20/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CASSIDY, JOHN T.,
Address: 5287 NEW KINGS RD.
City-St-Zip: JACKSONVILLE, FL 32209

Title: S () Delete
Name: LANE, CLAUDIA C.,
Address: 5287 NEW KINGS RD.
City-St-Zip: JACKSONVILLE, FL 32209

Title: VP () Delete
Name: CASSIDY, RICHARD C., JR.
Address: 5287 NEW KINGS RD.
City-St-Zip: JACKSONVILLE, FL 32209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN T. CASSIDY

P

04/20/2004

Electronic Signature of Signing Officer or Director

Date