2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2005
Secretary of State

DOCUMENT# V03226

Entity Name: STEVE HERNDON NURSERY, INC.

Current Principal Place of Business:

4907 S.W. 51ST STREET
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

4907 S.W. 51ST STREET
DAVIE, FL 33314

New Mailing Address:

FEI Number: 65-0307214 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HERNDON, STEVE
4907 SW 51ST STREET
DAVIE, FL 33314 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HERNDON, STEVE
Address: 4903 S.W. 51ST STREET
City-St-Zip: DAVIE, FL

Title: ST ( ) Delete
Name: HERNDON, MARIA
Address: 4907 SW 51 STREET
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: HERNDON, STEVE
Address: 4907 S.W. 51ST STREET
City-St-Zip: DAVIE, FL

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: MARIA HERNDON ST 04/03/2005

Electronic Signature of Signing Officer or Director Date