


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90275 039 ***150.00

DOCUMENT # V34091 1. Entity Name JOSEPH BLUE & SONS NURSERY, INC.		
Principal Place of Business 769 S.W. BITTERN ST PALM CITY, FL 34990		
2. Principal Place of Business Suite, Apt. #, etc.		Mailing Address 769 S.W. BITTERN STREET PALM CITY, FL 34990
City & State		City & State
Zip	Country	Zip

94034333



02242004 Chg-P CR2E034 (10/03)

4. FEI Number 3 65-0332424 65-0332424	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	7. Name and Address of New Registered Agent
CARLSON, ROBERT E. 8900 S.W. 107 AVE. SUITE 301 MIAMI, FL 33176	Name <u>Michael L. Frederick, CPA</u> Street Address (P.O. Box Number is Not Acceptable) <u>15600 SW 288 Street Suite 305</u> City <u>Northwest</u> FL Zip Code <u>33033</u>

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: *Michael L. Frederick, CPA* DATE: *4/24/2004*

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP BLUE, JOSEPH F.	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	769 S. W. BITTERN ST		NAME	STREET ADDRESS	
STREET ADDRESS	PALM CITY, FL 34990		STREET ADDRESS	CITY-ST-ZIP	
CITY-ST-ZIP			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: *Sharon P. Blue* *Sharon P. Blue* Date: *4-4-04* Daytime Phone #: *772-286-4346*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #