


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V36743</b> 1. Entity Name <b>HOWARD &amp; LYNN'S LINER NURSERY, INC.</b>	
--	---

Principal Place of Business <b>2307 BENNETT ROAD PLANT CITY, FL 33565</b>	Mailing Address <b>2307 BENNETT ROAD PLANT CITY, FL 33565</b>
--	--

**DO NOT WRITE IN THIS SPACE**



09222004 No Chg-P CR2E034 (10/03)

4. FCI Number <b>59-3126352</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent  <b>BENNETT, HOWARD 2307 BENNETT ROAD PLANT CITY, FL 33565</b>
--

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature must be inked and not legible. Change and file fee case. (NOTE: Registered Agent signature required for change of office.)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000094927</b> <b>03/24/04-80011-013 150.00</b>
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	D BENNETT, HOWARD 2307 BENNETT ROAD PLANT CITY, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	D BENNETT, LYNN 2307 BENNETT ROAD PLANT CITY, FL
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	

**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 19.07(3)(f), 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: Lynn Bennett Lynn Bennett 3/22/04 813 752-7969  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR