


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90117 041 ***150.00

DOCUMENT # P03000040024			
1. Entity Name PEOPLE'S NURSERY, INC.			
Principal Place of Business 3628 KILMARNOCK DR APOPKA, FL 32712		Mailing Address 3628 KILMARNOCK DR APOPKA, FL 32712	
2. Principal Place of Business 24750 Olmac Rd.		3. Mailing Address 24750 Olmac Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Sorrento, FL		City & State Sorrento, FL	
Zip 32776		Country U.S.A.	
Zip 32776		Country U.S.A.	
6. Name and Address of Current Registered Agent PYO, MYUNG SOO 3628 KILMARNOCK DR APOPKA, FL 32712		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <i>Myung Soo Pyo</i> DATE: 3-9-05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PYO, MYUNG SOO 3628 KILMARNOCK DR. APOPKA, FL 32712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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: <i>Myung Soo Pyo</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Myung Soo Pyo President 3-9-05 352-735-0236 Date Daytime Phone #	



03052005 Chg-P CR2E034 (10/03)

4. FEI Number 16-1660627 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required