

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H35457

FILED  
Jan 30, 2004  
Secretary of State

Entity Name: HART'S PLANT NURSERY, INC.

**Current Principal Place of Business:**

% CLYDE A. GARRISON  
1404 BLAIR ROAD  
JACKSONVILLE, FL 32221

**New Principal Place of Business:**

**New Mailing Address:**

137 ROSCOE BLVD N  
PONTE VEDRA BEACH, FL 32082 US

**Current Mailing Address:**

14476 SAN PABLO DR N  
1404 BLAIR ROAD  
JACKSONVILLE, FL 32224 US

FEI Number: 59-2474873

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GARRISON, CLYDE A.  
14476 SAN PABLO DR N  
JACKSONVILLE, FL 32224 US

**Name and Address of New Registered Agent:**

GARRISON, CLYDE A.  
137 ROSCOE BLVD N  
PONTE VEDRA BEACH, FL 32082 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: \_\_\_\_\_

01/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: V ( ) Delete  
Name: GARRISON, CORRINE,  
Address: 1404 BLAIR ROAD  
City-St-Zip: JACKSONVILLE, FL

Title: PTS ( ) Delete  
Name: GARRISON, CLYDE A.,  
Address: 1404 BLAIR ROAD  
City-St-Zip: JACKSONVILLE, FL

Title: T ( ) Delete  
Name: MCCORMICK, JENNIFER  
Address: 14476 SAN PABLO DRIVE N  
City-St-Zip: JACKSONVILLE, FL 32234

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: V (X) Change ( ) Addition  
Name: GARRISON, CORRINE,  
Address: 137 ROSCOE BLVD N  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: PTS (X) Change ( ) Addition  
Name: GARRISON, CLYDE A.,  
Address: 137 ROSCOE BLVD N  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: T (X) Change ( ) Addition  
Name: MCCORMICK, JENNIFER  
Address: 137 ROSCOE BLVD N  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: CLYDE A GARRISON

P

01/30/2004

Electronic Signature of Signing Officer or Director

Date