

07-21-2004 90021 025 ***150.00
P0000016081


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 JUL 26 AM 9: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

54063976

DOCUMENT # P0000016081 1. Entity Name BACK PORCH NURSERY, INC.	
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Principal Place of Business 2500 CHISOLM OAKS TRAIL MASCOTTE, FL 34753	Mailing Address POST OFFICE BOX 220 MASCOTTE, FL 34753
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DO NOT WRITE IN THIS SPACE

03082004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3833880	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent G. EDWARD CLEMENT 308 EAST FIFTH AVENUE MOUNT DORA, FL 32757	DO NOT WRITE IN THIS SPACE
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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 _____
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. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HORNE, MICHAEL K POST OFFICE BOX 220 MASCOTTE, FL 34753
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HORNE, EVA L POST OFFICE BOX 220 MASCOTTE, FL 34753
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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DO NOT WRITE IN THIS SPACE

Handwritten signature

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR *7/17/04* Date *352-516-6528* Daytime Phone #

CRASUM This is 5000 later -- I had to wait a while and my board was neglected to get this done.