


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000016081
 1. Entity Name
 BACK PORCH NURSERY, INC.



Principal Place of Business Mailing Address
 2500 CHISOLM OAKS TRAIL POST OFFICE BOX 220
 MASCOTTE, FL 34753 MASCOTTE, FL 34753

DO NOT WRITE IN THIS SPACE



03042005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-3633860 Not Applicable

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

6. Name and Address of Current Registered Agent
 CLEMENT, G. EDWARD
 308 EAST FIFTH AVENUE
 MOUNT DORA, FL 32757

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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, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

1100000309877
 04/16/05-80055-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HORNE, MICHAEL K
STREET ADDRESS	POST OFFICE BOX 220
CITY-ST-ZIP	MASCOTTE, FL 34753
TITLE	D
NAME	HORNE, EVA L
STREET ADDRESS	POST OFFICE BOX 220
CITY-ST-ZIP	MASCOTTE, FL 34753
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Michael K Horne 3/14/05 352-516-0528
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #