

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000054543

FILED
Apr 30, 2007
Secretary of State

Entity Name: C-4 HORTICULTURE, INC.

Current Principal Place of Business:

1709 MAGNOLIA STREET
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

5354 EAST AVENUE
DELEON SPRINGS, FL 32130 US

Current Mailing Address:

1709 MAGNOLIA STREET
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

PO BOX 274
DE LEON SPRINGS, FL 32130-027 US

FEI Number: 02-0690393

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHETIRKIN, PETER V
1709 MAGNOLIA STREET
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

CHETIRKIN, PETER V
5354 EAST AVENUE
DE LEON SPRINGS, FL 32130 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: PETER & MARY CHETIRKIN

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CHETIRKIN, PETER V
Address: 1709 MAGNOLIA STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D (X) Delete
Name: CHETIRKIN, MARY G
Address: 1709 MAGNOLIA STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D (X) Delete
Name: CHETIRKIN, KATRINA P
Address: 1709 MAGNOLIA STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D (X) Delete
Name: CHETIRKIN, PAUL P
Address: 1709 MAGNOLIA STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CHETIRKIN, MARY G
Address: 5354 EAST AVENUE
City-St-Zip: DE LEON SPRINGS, FL 32130

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PETER V. CHETIRKIN

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04/30/2007

Electronic Signature of Signing Officer or Director

Date