


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90020 035 ***163.75

DOCUMENT # P94000059156

1. Entity Name
OAK FARMS NURSERY, INC.



Principal Place of Business: **850 INDIANA AVENUE, NORTH ENGLEWOOD FL 34223**

Mailing Address: **850 INDIANA AVENUE, NORTH ENGLEWOOD FL 34223**

94040400



MOORE CR2E034 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address: Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **65-0515760**

Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

**RC UNGER CPA
 411 COMMERCIAE CT, SUITE D
 VENICE FL 34292**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	PD NEWBERRY, BILLY F 850 N. INDIANA AVE ENGLEWOOD FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NEWBERRY, SUSAN 850 N. INDIANA AVE ENGLEWOOD FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition

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: *Susan Newberry* **4/5/04** **474-8626**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #