


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 212849</b> 1. Entity Name RESTHAVEN GARDENS INC	
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Principal Place of Business 1084 W. MASS. AVE. PENSACOLA, FL 32505 US	Mailing Address P. O. BOX 2292 PENSACOLA, FL 32513-2292 US
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07062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-0826910	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  COKER HOLT, IRIS C 2028 DOWNING DRIVE PENSACOLA, FL 32505
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 Iris C. Coker Holt 07/07/04  
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  
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD COKER HOLT, IRIS C 2028 DOWNING DR. PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MAGINNESS, MARY E 8709 11TH AVE. PLACE N.W BRADENTON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MAGINNESS, MARY E 8709 11TH AVE PLACE NW BRADENTON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REMEL, LINDA A 2028 DOWNING DR PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U00000165825 07/12/04-80028-019 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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)(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: Iris C. Coker Holt July 7, 2004 950 432-4484  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #