

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # 266170

1. Entity Name
THE ORCHID GARDEN, INC.



Principal Place of Business
**275 CHAMPNEY BAY CT.
NAPLES, FL 34102**

Mailing Address
**275 CHAMPNEY BAY CT.
NAPLES, FL 34102**



02162004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1027100

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FARACE, RICHARD G
275 CHAMPNEY BAY CT.
NAPLES, FL 34102-7952**

**DO NOT WRITE
IN THIS SPACE**

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**

11000000059471
03/01/04-80013-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FARACE, RICHARD G
STREET ADDRESS	275 CHAMPNEY BAY CT.
CITY - ST - ZIP	NAPLES, FL
TITLE	DVP
NAME	FARACE, RICHARD EDWARD
STREET ADDRESS	6547 SW 116 PLACE UNIT A
CITY - ST - ZIP	MIAMI, FL
TITLE	STD
NAME	FARACE, HELEN V
STREET ADDRESS	275 CHAMPNEY BAY CT.
CITY - ST - ZIP	NAPLES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

Helen Farace
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIN 2 OFFICER OR DIRECTOR

2-20-04
Date

239-263-0762
Daytime Phone #