

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90092 044 \*\*\*150.00

<b>DOCUMENT # 294491</b>	
1. Entity Name <b>GARDEN GOLD FOODS, INC.</b>	

Principal Place of Business <b>GARDEN GOLD FOODS, INC. 1516 SOUTH TRASK STREET TAMPA FL 33629</b>	Mailing Address <b>GARDEN GOLD FOODS, INC. 1516 SOUTH TRASK STREET TAMPA FL 33629</b>
--	--

24007207



MOORE CR2E034 (11/03)

2. Principal Place of Business <b>405 S. BARBARA LN.</b>	3. Mailing Address <b>405 S. BARBARA LANE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>TAMPA FL</b>	City & State <b>TAMPA, FL</b>
Zip <b>33609</b>	Country <b>USA</b>
Zip <b>33609</b>	Country <b>USA</b>

4. FEI Number <b>59-1583137</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent <b>DINGFELDER, SIMON L 1516 SOUTH TRASK STREET TAMPA FL 33629 405 S. BARBARA LANE TAMPA, FL 33609</b>	
--	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City <b>FL</b> 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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DINGFELDER, SIMON L PRES. 1516 SOUTH TRASK STREET TAMPA FL 33629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>405 S. BARBARA LN. TAMPA, FL 33609</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARRISON, MARTHA M VICE P. 1516 SOUTH TRASK STREET TAMPA FL 33629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>405 S. BARBARA LN TAMPA FL 33609</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DINGFELDER, SIMON L TREAS. 1516 SOUTH TRASK STREET TAMPA FL 33629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>405 S. BARBARA LN. TAMPA, FL 33609</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DINGFELDER, SIMON L SEC'Y. 1516 SOUTH TRASK STREET TAMPA FL 33629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>405 S. BARBARA LN TAMPA, FL 33609</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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** *Simon L. Dingfelder* **SIMON L DINGFELDER** **1/29/04** **813** **281-0868**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #