

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # 294491

1. Entity Name
GARDEN GOLD FOODS, INC.



Principal Place of Business

405 S. BARBARA LN
TAMPA, FL 33609

Mailing Address

405 S. BARBARA LN
TAMPA, FL 33609



01032005 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-1583137

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DINGFELDER, SIMON L
405 S. BARBARA LANE
TAMPA, FL 33609

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DINGFELDER, SIMON L PRES.
STREET ADDRESS	405 S. BARBARA LN
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	VD
NAME	HARRISON, MARTHA M VICE P.
STREET ADDRESS	405 S. BARBARA LN
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	TD
NAME	DINGFELDER, SIMON L TREAS.
STREET ADDRESS	405 S. BARBARA LN
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	SD
NAME	DINGFELDER, SIMON L SECY.
STREET ADDRESS	405 S. BARBARA LN
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Simon L Dingfelder* SIMON L DINGFELDER, PRES. 2/25/05 813 281-0866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #