

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 13, 2006 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**



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1583137	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

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

1100000386275
01/18/06-80052-013 150.00

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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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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) 01/10/06 813/291.0868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #