

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 303231

FILED
Apr 21, 2008
Secretary of State

Entity Name: SERENITY GARDENS, INC. OF SANTA ROSA

Current Principal Place of Business:

6208 STEWART ST
MILTON, FL 32570

New Principal Place of Business:

6208 STEWART ST
MILTON, FL 32570 US

Current Mailing Address:

P.O. BOX 248
MILTON, FL 325720248

New Mailing Address:

P.O. BOX 248
MILTON, FL 325720248 US

FEI Number: 59-1159047

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CULPEPPER, D W
6630 CAROLINE STREET
MILTON, FL 32570 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GOLDEN, JEWELL,
Address: 6630 CAROLINE STREET
City-St-Zip: MILTON, FL 32570

Title: STD () Delete
Name: CULPEPPER, KATIE LOU,
Address: 6630 CAROLINE STREET
City-St-Zip: MILTON, FL 32570

Title: PD () Delete
Name: CULPEPPER, D W
Address: 6630 CAROLINE STREET
City-St-Zip: MILTON, FL 32570

Title: VD () Delete
Name: CULPEPPER, D W,
Address: 6630 CAROLINE STREET
City-St-Zip: MILTON, FL 32570

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DW CULPEPPER

PD

04/21/2008

Electronic Signature of Signing Officer or Director

Date