


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 08:00 AM
Secretary of State

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| DOCUMENT # 364676 1. Entity Name WEKIWA GARDENS, INC. |  |
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| Principal Place of Business 496 NORTH LAKE PLEASANT ROAD APOPKA, FL 32712-3902 | Mailing Address 496 NORTH LAKE PLEASANT ROAD APOPKA, FL 32712-3902 |
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01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-1293211 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent BELLINGER, PAUL 496 N LK PLEASANT RD APOPKA, FL 32712-3902 |
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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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> | DATE _____ |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V BELLINGER, MARIANNE 496 N LK PLEASANT RD APOPKA, FL 00000, |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BELLINGER, PAUL 496 N LK PLEASANT RD. APOPKA, FL 00000, |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST MARKLE, A KATHREIN 2422 LIELA LEE COURT OCOE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V BELLINGER, H. PAUL 106 INGRAM CIRCLE LONGWOOD, FL 32779 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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| <p>000000271630 03/21/05-80055-004 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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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)(f), 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.

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| SIGNATURE: <u>A. Kathrein Markle</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | 3/17/05 407-889-3000 <small>Date Daytime Phone #</small> |
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