

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 587371

1. Entity Name
CONTEMPORARY GARDENS, INC.



Principal Place of Business
2801 W. LAKE MARY BLVD.
LAKE MARY, FL 32746 US

Mailing Address
2801 W. LAKE MARY BLVD.
LAKE MARY, FL 32746 US

FILED
Apr 17, 2006 08:00 AM
Secretary of State



04142006 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-1849404

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HICKS, ROBERT A.
144 STIRLING AVE.
WINTER PARK, FL 32789

**DO NOT WRITE
IN THIS SPACE**

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 reinstalling)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000513007^M

04/29/06-80108-012 150.00^M

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	HICKS, BARBARA J
STREET ADDRESS	144 STIRLING AVE.
CITY-ST-ZIP	WINTER PARK, FL
TITLE	PD
NAME	HICKS, ROBERT A
STREET ADDRESS	144 STIRLING AVE.
CITY-ST-ZIP	WINTER PARK, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

Barbara J. Hicks BARBARA J. HICKS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Secy-Treas.

4-14-04

Date

407 323 6188

Daytime Phone #