

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 03, 2005 08:00 AM
Secretary of State**

DOCUMENT # 635904 •

**1. Entity Name
COUNTRY GARDEN PATCH, INC.**



**Principal Place of Business
4710 53RD AVENUE EAST
BRADENTON, FL 34203 US**

**Mailing Address
P. O. BOX 21114
BRADENTON, FL 34204-1114 US**



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
59-1949097**

**Applied For
Not Applicable**

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

6. Name and Address of Current Registered Agent

**SUTTON, CLAYTON
2123 46TH ST., CT. E.
BRADENTON, FL 34208**

**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 reinstating)

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	S
NAME	SUTTON, DIANE
STREET ADDRESS	2123 46TH ST., CT. EAST
CITY-ST-ZIP	BRADENTON, FL
TITLE	P
NAME	SUTTON, CLAYTON
STREET ADDRESS	2123 46TH ST., CT. EAST
CITY-ST-ZIP	BRADENTON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000249924
03/03/05-80020-025 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Clayton Sutton

CLAYTON SUTTON

2-28-05

941-256-1504

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #