2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002086

Entity Name: JOLLY GARDENER PRODUCTS INC

FILED Apr 30, 2004 Secretary of State

		ANDENER PROBLEMS.					
Current Principal Place of Business:				New Principal Place of Business:			
481 SPRINGWATER ROAD POLAND SPRING, ME 04274				800 EXECUTIVE DRIVE OVIEDO, FL 32765			
Current Mailing Address:				New Mailing Address:			
481 SPRINGWATER ROAD POLAND SPRING, ME 04274				P O BOX 622348 OVIEDO, FL 327622348 US			
FEI Number: 52-2077305 FEI Number Applied For ()			FEI Num	Number Not Applicable () Certificate of Status Desired ()			
Name and	Address of 0	Current Registered Agent:		Name and	Address of	New Registered Age	nt:
1201 HAYS TALLAHAS The above in the State	S STREET SSEE, FL 323 named entity of Florida.	CE COMPANY 012525 US submits this statement for the p	urpose of	f changing it	ts registered	office or registered age	ent, or both,
SIGNATUF							
		nic Signature of Registered Age	ŧητ			Date	
		g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	VD (MORRISON, R 481 SPRINGW POLAND SPRI	ATER ROAD		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	MALONE, STE 481 SPRINGW			Title: Name: Address: City-St-Zip:	MALONE, STE 481 SPRINGV		
Title: Name: Address: City-St-Zip:	BISSON, EDW 481 SPRINGW			Title: Name: Address: City-St-Zip:	VTCF (X WILENS, STU 800 EXECUTI OVIEDO, FL	VE DRIVE	
Title: Name: Address: City-St-Zip:	MAHONEY, BR	REET, 29TH FLOOR		Title: Name: Address: City-St-Zip:	D (X MAHONEY, BI 111 S CALVE BALTIMORE,	RT ST #1800	
Title: Name: Address: City-St-Zip:	HALL, JOSHÚA	REET, 29TH FLOOR		Title: Name: Address: City-St-Zip:	D (X HALL, JOSHU 111 S CALVE BALTIMORE,	RT ST #1800	
Title: Name: Address: City-St-Zip:	D (MCKERNAN, J ONE CANAL P PORTLAND, M	LAZA		Title: Name: Address: City-St-Zip:	() Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: STUART WILENS VTCF 04/30/2004

KARLA BOURLAND 2855 E COTTONWOOD PKWY #500 SALT LAKE CITY, UT 84121

JAMES MCANDREW 500 PUMPING STATION ROAD QUAKERTOWN, PA 18951