


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2005 8:00 am
Secretary of State

07-28-2005 90011 001 ***550.00
07-28-2005 90011 002 *****8.75

DOCUMENT # F32609	
1. Entity Name OVIEDO MOWER & GARDEN CENTER, INC.	

Principal Place of Business 1415 WEST BROADWAY OVIEDO, FL 32765	Mailing Address P. O. BOX 620526 OVIEDO, FL 32762-0526 US
---	---

DO NOT WRITE IN THIS SPACE



07252005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2081869	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GARLANGER, NANCY B 5265 GARLANGER TRAIL OVIEDO, FL 32765

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 <u>Nancy B. Garlanger</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE <u>7-25-05</u>

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GARLANGER, NANCY B 5265 GARLANGER TRAIL OVIEDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GARLANGER, JAMES J JR 5265 GARLANGER TRAIL OVIEDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARLANGER, TRACY 5265 GARLANGER TR. OVIEDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GARLANGER, JAMES J III 5265 GARLANGER TR. OVIEDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: <u>Nancy B. Garlanger</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <u>7-25-05</u> DAYTIME PHONE # <u>407-325-5235</u>