

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G54623

FILED
Jan 06, 2004
Secretary of State

Entity Name: GARDEN RENTALS AND SALES, INC.

Current Principal Place of Business:

5402 NW 8TH AVE.
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

5402 NW 8TH AVE.
GAINESVILLE, FL 32605

New Mailing Address:

FEI Number: 59-2343624 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLIKES, THOMAS TROY
210 NW 79TH DR.
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GLIKES, SUSAN C.
Address: 210 NW 86TH TERR.
City-St-Zip: GAINESVILLE, FL

Title: V () Delete
Name: GLIKES, THOMAS TROY,
Address: 5402 NW 8TH AVENUE
City-St-Zip: GAINESVILLE, FL

Title: V () Delete
Name: GLIKES, RICHARD
Address: 5402 NW 8TH AVE
City-St-Zip: GAINESVILLE, FL 32607

Title: ST () Delete
Name: GIVENS, JANET
Address: 44 LOGGERHEAD LANE
City-St-Zip: PONTE VEDRA BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GLIKES, SUSAN C
Address: 210 NW 86TH TERR.
City-St-Zip: GAINESVILLE, FL

Title: V (X) Change () Addition
Name: GLIKES, THOMAS T
Address: 5402 NW 8TH AVENUE
City-St-Zip: GAINESVILLE, FL 32605

Title: V (X) Change () Addition
Name: GLIKES, RICHARD
Address: 5402 NW 8TH AVE
City-St-Zip: GAINESVILLE, FL 32605

Title: ST (X) Change () Addition
Name: GIVENS, JANET
Address: 1616 BROOKWOOD
City-St-Zip: JACKSONVILLE, FL 32207

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: SUSAN C. GLIKES

PD

01/06/2004

Electronic Signature of Signing Officer or Director

_____ Date