2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G54623

Address:

City-St-Zip:

1616 BROOKWOOD

JACKSONVILLE, FL 32207

Entity Name: GARDEN RENTALS AND SALES INC

FILED May 02, 2005 Secretary of State

Littly Nan	IE. GARDEN	RENTALS AND SALES, INC.			
Current Pr	incipal Place	of Business:	New Principal Place	New Principal Place of Business:	
5402 NW 8 GAINESVIL	TH AVE. .LE, FL 32605				
Current Ma	ailing Address	::	New Mailing Address	New Mailing Address:	
5402 NW 8 GAINESVIL	TH AVE. .LE, FL 32605				
FEI Number:	59-2343624	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
210 NW 79	HOMAS TROY TH DR. LE, FL 32607	US	GLIKES, THOMAS TRO 5402 NW 8TH AVE GAINESVILLE, FL 326		
The above in the State		ubmits this statement for the po	urpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:				05/02/2005	
	Electroni	Signature of Registered Age	nt	Date	
		(2)(b), F.S., the corporation did not Trust Fund Contribution ().	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () I GLIKES, SUSAN 210 NW 86TH TE GAINESVILLE, F	ERR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () I GLIKES, THOMA 5402 NW 8TH AV GAINESVILLE, F	/ENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () I GLIKES, RICHAR 5402 NW 8TH AV GAINESVILLE, F	/E	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	ST () I GIVENS, JANET	Delete	Title: Name:	() 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.

Address:

City-St-Zip:

SIGNATURE: TOM GLIKES VΡ 05/02/2005