

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2007 8:00 am**  
**Secretary of State**

02-27-2007 90012 036 \*\*\*150.00

**DOCUMENT # G54623**

1. Entity Name  
**GARDEN RENTALS AND SALES, INC.**



Principal Place of Business

**5402 NW 8TH AVE.  
GAINESVILLE, FL 32605**

Mailing Address

**5402 NW 8TH AVE.  
GAINESVILLE, FL 32605**

**DO NOT WRITE IN THIS SPACE**



01192007 No Chg-P CR2E034 (11/05)

4. FEI Number

**59-2343624**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GLIKES, THOMAS TROY  
5402 NW 8TH AVE  
GAINESVILLE, FL 32605**

**210 NW 86TH TERRACE  
GAINESVILLE FL  
32607**

**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

**TOM GLIKES VICE PRESIDENT / AGENT**

**2.20.07**

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when renewing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GLIKES, SUSAN C
STREET ADDRESS	210 NW 86TH TERR.
CITY-STATE-ZIP	GAINESVILLE, FL
TITLE	V
NAME	GLIKES, THOMAS T
STREET ADDRESS	5402 NW 8TH AVENUE
CITY-STATE-ZIP	GAINESVILLE, FL 32605
TITLE	V
NAME	GLIKES, RICHARD
STREET ADDRESS	5402 NW 8TH AVE
CITY-STATE-ZIP	GAINESVILLE, FL 32605
TITLE	ST
NAME	GIVENS, JANET
STREET ADDRESS	5402 NW 8TH AVE 822 NW 125 DR
CITY-STATE-ZIP	GAINESVILLE, FL 32606 NEWBERRY FL 32669
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

**Janet Givens**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

**2.20.07**

Date

**352.333.3300**

Daytime Phone #