

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J55586

FILED  
Apr 28, 2005  
Secretary of State

Entity Name: GARDEL NATURAL FLORALS, INC.

## Current Principal Place of Business:

264 ROUND LAKE PL  
PALATKA, FL 32177 US

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 247  
PALATKA, FL 32178 US

## New Mailing Address:

FEI Number: 59-2777279

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GARRIS, MARY H.  
264 ROUND LAKE RD  
PALATKA, FL 32177 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: GARRIS, EDWARD WALTE, R  
Address: 264 ROUND LAKE RD  
City-St-Zip: PALATKA, FL 32177

Title: PD ( ) Delete  
Name: GARRIS, MARY H.,  
Address: 264 ROUND LAKE RD  
City-St-Zip: PALATKA, FL 32177

Title: VDT ( ) Delete  
Name: GARRIS, THOMAS C  
Address: 2024 S AIA P.O. BOX 2182  
City-St-Zip: FLAGLER BCH, FL 32136

Title: VD ( ) Delete  
Name: GARRIS, EDWARD W., I, II  
Address: 8810 FISHERMAN'S BAY DR.  
City-St-Zip: SARASOTA, FL

Title: VD ( ) Delete  
Name: GARRIS, GREGORY S  
Address: PENIEL RD RT 3 BOX 2490  
City-St-Zip: PALATKA, FL 32177

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MARY H. GARRIS

PD

04/28/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date