


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 29, 2008 8:00 am
Secretary of State

07-29-2008 90009 039 ***150.00

DOCUMENT # K33271 1. Entity Name THE GARDENS PROMOTIONAL FUND, INC.	
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Principal Place of Business % DAVID HAYSMER 3101 PGA BLVD PALM BEACH GARDENS, FL 33410	Mailing Address % DAVID HAYSMER 3101 PGA BLVD PALM BEACH GARDENS, FL 33410
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07022008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0073006	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent HAYSMER, DAVID 3101 PGA BLVD PALM BEACH GARDENS, FL 33410
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**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS YORK, THOMAS 3101 PGA BLVD PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS HAYSMER, DAVID 3101 PGA BLVD PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/22/08

Date

561-622-2115

Daytime Phone #

ATTACHMENT

40112185
#K33271

July 24, 2008

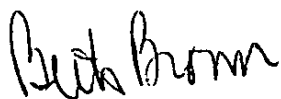
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: FEI #65-0073006

I did not receive the annual report notice and request that the \$400 late fee be waived.

Attached is the completed report and the check for renewal.

Thank you.



Beth Brown