


ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90206 048 ***150.00

DOCUMENT # K75143
 1. Entity Name
SPRING GARDEN PROPERTIES, INC.



Principal Place of Business
532 N. CLARA AVE.
DELAND, FL 32720 US

Mailing Address
532 N. CLARA AVE.
DELAND, FL 32720 US



2. Principal Place of Business
1779 N. Spring Garden Avenue
 Suite, Apt. #, etc.

3. Mailing Address
1779 N. Spring Garden Avenue
 Suite, Apt. #, etc.

03232004 Chg-P CR2E034 (10/03)

City & State
Deland, FL

City & State
Deland, FL

Zip
32720

Country
Volusia

4. FEI Number
59-2946065

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
PRICE, HERBERT W III
532 N CLARA AVE
DELAND, FL 32720

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
1779 N. Spring Garden Avenue
 City **Deland, FL** Zip Code **32720**

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 _____ DATE _____
Signature, typed or printed, name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PRICE, HERBERT W., III 532 N CLARA AVENUE DELAND, FL 32720 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PRICE, CAROL L 532 N CLARA AVENUE DELAND, FL 32720 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Carol L. Price* CAROL L. PRICE 4/24/03 386-734-9444