


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2005 08:00 AM
Secretary of State

DOCUMENT # K85551 1. Entity Name CITY-MART GARDEN CLUB, INC.	
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Principal Place of Business 9 SOUTH 3RD STREET FERNANDINA BEACH, FL 32034	Mailing Address 9 SOUTH 3RD STREET FERNANDINA BEACH, FL 32034
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DO NOT WRITE IN THIS SPACE



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2963319	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WOOD, MARSHALL E. 303 CENTRE STREET SUITE 200 FERNANDINA BEACH, FL 32034	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000279624 03/29/05-80004-003 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP COTNER, JOHN M 9 SOUTH 3RD STREET FERNANDINA BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD BURGESS, ANNETTE 216 CENTRE STREET FERNANDINA BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD COLWELL, STEPHEN 2784 W 5TH ST FERNANDINA BCH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAVIS, JOHN L. 2815 OCEANVIEW CT FERNANDINA BCH, FL
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 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: 	Date: 3-24-05	Daytime Phone #: 904 277 4593
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