2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 29, 2004 8:00 am Secretary of State DOCUMENT # P0000004141 1. Entity Name 04-29-2004 90258 014 ***150.00 REGENCY GARDENS, INC. Principal Place of Business Mailing Address 1977 DUNDEE DRIVE WINTER PARK FL 32792 1977 DUNDEE DRIVE WINTER PARK FL 32792 **94019049** 2. Principal Place of Business 3. Mailing Address 2431 Avenu. Suite, Apt. #, et MOORE CR2E034 (11/03) City & State Applied For City & State 4. FEI Numbér 59-3675994 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent A&S DEVELOPMENT, INC. 1977 DUNDEE DRIVE WINTER PARK FL 32792 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 age SIGNATURE Signature, typed or printed na FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D ☐ Delete TITLE ☐ Addition NAME ACEVEDO, SHANE L NAME 1977 DUNDEE DRIVE STREET ADDRESS STREET ADDRESS WINTER PARK FL 32792 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SHEPHERD, THOMAS MAME NAME 1977 DUNDEE DRIVE STREET ADDRESS STREET ADDRESS WINTER PARK FL 32792 CITY-ST-ZIP CITY-ST-ZIP Change Delete TITI F ☐ Addition TITLE NAME NAME ... STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITI E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP crida Statutes. I further certify that the information I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(i) indicated on this report or supplemental report is true and accurate and that my signature shall have the same Ligal Affect, of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida States changed, or on an attachment with an address, with all other like empowered. made under oath; that I am an officer or director that my name appears in Block 10 or Block 11 if

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