

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000007721

FILED
Apr 25, 2005
Secretary of State

Entity Name: GOVINDA'S GARDENS, PURE FOODS BUSINESS, INC.

Current Principal Place of Business:

21812 NW 91ST ST.
ALACHUA, FL 32615

New Principal Place of Business:

Current Mailing Address:

21812 NW 91ST ST.
ALACHUA, FL 32615

New Mailing Address:

FEI Number: 59-3757610

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OGLE, WILLIAM H
21812 NW 91ST ST.
ALACHUA, FL 32615 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: D () Delete
Name: OGLE, WILLIAM H
Address: 21812 NW 91ST STREET
City-St-Zip: ALACHUA, FL 32615

Title: P () Delete
Name: ALLIN, WILLIAM
Address: 21812 NW 91ST STREET
City-St-Zip: ALACHUA, FL 32615

Title: VP () Delete
Name: OGLE, VALERIE
Address: 21812 NW 91ST STREET
City-St-Zip: ALACHUA, FL 32615

Title: VP () Delete
Name: OGLE, VALERIE
Address: 21812 NW 91ST STREET
City-St-Zip: ALACHUA, FL 32615

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:

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: WILLIAM H. OGLE

D

04/25/2005

Electronic Signature of Signing Officer or Director

_____ Date