

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 19, 2004 08:00 AM
Secretary of State**

DOCUMENT # P00000056312

1. Entity Name
GARDENING ANGELS, INC.



Principal Place of Business
**2315 ELIZABETH CT.
NAPLES, FL 34112**

Mailing Address
**2315 ELIZABETH CT.
NAPLES, FL 34112**



01092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3649752

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SHEEHAN, JANE F
2315 ELIZABETH CT.
NAPLES, FL 34112**

**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
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

TITLE	DP
NAME	SHEEHAN, JANE F
STREET ADDRESS	2315 ELIZABETH CT.
CITY-ST-ZIP	NAPLES, FL 34112
TITLE	DS
NAME	SHEEHAN, COLLEEN E
STREET ADDRESS	2315 ELIZABETH CT
CITY-ST-ZIP	NAPLES, FL 34112
TITLE	DV
NAME	SHEEHAN, WILLIAM
STREET ADDRESS	2315 ELIZABETH CT
CITY-ST-ZIP	NAPLES, FL 34112
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000119391
04/19/04-80099-011 150.00

**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)(f), 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: *Jane F. Sheehan* **JANE F. SHEEHAN** **04/16/04** **775-4832**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #