


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90031 043 ***150.00

DOCUMENT # P00000095557 1. Entity Name WILD GARDEN DESIGNS, INC.			
Principal Place of Business 6 NW 1ST AVE. DANIA BEACH FL 33004		Mailing Address 901 HILLCREST DRIVE #105 HOLLYWOOD FL 33021	
2. Principal Place of Business 5 Locust St. .		3. Mailing Address 5 Locust St. .	
Suite, Apt. #, etc. S		Suite, Apt. #, etc. S	
City & State St. Aug, Fl.		City & State St Augustine, Fl.	
Zip 32084		Zip 32084	
Country St Johns		Country St Johns	
6. Name and Address of Current Registered Agent CHAPPELL, EVELYN K 901 HILLCREST DRIVE #105 HOLLYWOOD FL 33021		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 <u><i>Evelyn K Chappell</i></u> 4/7/04 <small>Signature, typed or printed name of registered agent and if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P <input type="checkbox"/> Delete NAME CHAPPELL, EVELYN STREET ADDRESS 901 HILLCREST DRIVE # 105 CITY-ST-ZIP HOLLYWOOD FL 33021	TITLE Pres./owner <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME EVELYN CHAPPELL STREET ADDRESS 5 Locust St. CITY-ST-ZIP St. Aug., Fl. 32084	TITLE VP EVELYN CHAPPELL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
TITLE VP <input checked="" type="checkbox"/> Delete NAME CHAPPELL, SARAH STREET ADDRESS 294 TIGER LAKE ROAD CITY-ST-ZIP LAKE WALES FL 33853	TITLE ST EVELYN CHAPPELL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE ST <input checked="" type="checkbox"/> Delete NAME CHAPPELL, BILL STREET ADDRESS 294 TIGER LAKE ROAD CITY-ST-ZIP LAKE WALES FL 33853	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
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 an other like empowered.			
SIGNATURE <u><i>Evelyn K Chappell</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/7/04	Daytime Phone # 904 8271856