2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State
02-23-2004 90031 046 ***150.00

DOCUMENT # P01000018484

1. Entity Name
NATURE'S GALLERY, INC.

44012055

Principal Place of Business	Mailing Address
155 N. HWY 27 CLERMONT, FL 34711	155 N. HWY 27 CLERMONT, FL 34711

02102004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
8334 American Way Suite, Apt. #, etc.	8334 American Way Suite, Apt. #, etc.
City & State: Groveland, FL	City & State: Groveland, FL
Zip: 34736 Country: US	Zip: 34736 Country: US

4. FEI Number: 59-3700128 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NAILOS, KRISTIN C
450 E HWY 50 STE 7
CLERMONT, FL 34711

7. Name and Address of New Registered Agent

Name: Catherine Buhaly-Ibold
Street Address (P.O. Box Number is Not Acceptable): 20 N. Eola Drive
City: Orlando FL Zip Code: 32801

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: Catherine Ibold CATHERINE B. IBOLD 2/11/04
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD GORDON, JACKIE S 9956 LAKE LOUISA ROAD CLERMONT, FL 34711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD Gordon, Jackie S 9951 Lake Louisa Road Clermont, FL 34711	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDS BLANKENSHIP, R. SCOTT 17526 COBBLESTONE LN CLERMONT, FL 34711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Decker, Daniel J. 9943 Lake Louisa Road Clermont, FL 34711	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 2-12-04 352-429-8003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #