

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.	

Principal Place of Business 155 N. HWY 27 CLERMONT, FL 34711	Mailing Address 155 N. HWY 27 CLERMONT, FL 34711
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44012055



2. Principal Place of Business 8334 American Way Suite, Apt. #, etc.	3. Mailing Address 8334 American Way Suite, Apt. #, etc.
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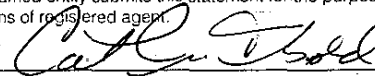
02102004 Chg-P CR2E034 (10/03)

City & State Groveland, FL Zip 34736 Country US	City & State Groveland, FL Zip 34736 Country US
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4. FEI Number 59-3700128	Applied For Not Applicable
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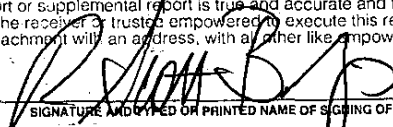
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NAILOS, KRISTIN C 450 E HWY 50 STE 7 CLERMONT, FL 34711	7. Name and Address of New Registered Agent Name Catherine Buhaly-Ibold Street Address (P.O. Box Number is Not Acceptable) 20 N. Eola Drive City Orlando FL Zip Code 32801
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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 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
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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: 	2-12-04 352-429-803
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	