


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90019 046 \*\*\*150.00

<b>DOCUMENT # P01000048792</b>		
1. Entity Name <b>GARDEN LITE DESIGNS, INC.</b>		

Principal Place of Business <b>6784 SARASEA CIRCLE SARASOTA FL 34242</b>	Mailing Address <b>6784 SARASEA CIRCLE SARASOTA FL 34242</b>
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2. Principal Place of Business <b>2553 Marblehead Dr.</b>	3. Mailing Address <b>2553 Marblehead Dr.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Sarasota FL</b>	City & State <b>Sarasota FL</b>
Zip <b>34231</b>	Country <b>USA</b>



MOORE CR2E034 (11/03)

4. FEI Number <b>65-1102523</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>ARGENTI, ROSANN 6784 SARASEA CIRCLE SARASOTA FL 34242</b>		
7. Name and Address of New Registered Agent Name: <b>ARGENTI, Rosann</b> Street Address (P.O. Box Number is Not Acceptable): <b>2553 Marblehead Dr.</b> City: <b>SARASOTA</b> FL Zip Code: <b>34231</b>		

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: *Rosann Argenti* **2/2/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ARGENTI, ROSANN 6784 SARASOTA CIRCLE SARASOTA FL 34242 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Rosann Argenti* **2/2/04** **941-544-7885**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #