


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90064 026 ***150.00

DOCUMENT # P01000048792	
1. Entity Name GARDEN LITE DESIGNS, INC.	

Principal Place of Business 2553 MARBLEHEAD DR. SARASOTA, FL 34231	Mailing Address 2553 MARBLEHEAD DR. SARASOTA, FL 34231
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

40001701

01042008 Chg-P CR2E034 (12/06)

4. FEI Number 65-1102523	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ARGENTI, ROSANN 2553 MARBLEHEAD DR. SARASOTA, FL 34231	7. Name and Address of New Registered Agent Name: Argenti, Rosann Street Address (P.O. Box Number is Not Acceptable): c/o Ian Black Real Estate 1419-A 5th Street City: Sarasota FL Zip Code: 34936
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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: <i>Rosann Argenti</i> <small>Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE: 01/08/08

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PS ARGENTI, ROSANN 2553 MARBLE HEAD DR SARASOTA, FL 34231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Rosann Argenti</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE: 01/08/08 <small>Date</small>