

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2005 8:00 am**  
**Secretary of State**

04-07-2005 90031 008 \*\*\*150.00

DOCUMENT # P01000056547



1. Entity Name

EAST LAKE GARDEN AND CRAFTS, INC.

Principal Place of Business

765 EAST LAKE ROAD SOUTH  
TARPON SPRINGS FL 34689

Mailing Address

765 EAST LAKE ROAD SOUTH  
TARPON SPRINGS FL 34689

2. Principal Place of Business

East Lake Garden & Crafts, Inc.

3. Mailing Address

George H. Smith

Suite, Apt. #, etc.

765 East Lake Rd S.

Suite, Apt. #, etc.

1207 Pine Ridge Cir W. #113 D-1

City & State

Tarpon Springs FL

City & State

Tarpon Springs FL

Zip

34688

Country

U.S.A.

Zip

34688

Country

U.S.A.

1st MOORE

CR2E034 (10/04)

4. FEI Number

59-3724590

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SMITH, GEORGE H  
1207 PINE RIDGE CIRCLE WEST, #113  
D-1  
TARPON SPRINGS FL 34689

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

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, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME SMITH, GEORGE H  
STREET ADDRESS 1207 PINE RIDGE CIRCLE WEST, #113, D-1  
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE D ☐ Delete  
NAME SMITH, RENATE F  
STREET ADDRESS 1207 PINE RIDGE CIRCLE WEST, #113, D-1  
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/05 727 934-5523  
Date Daytime Phone #