

2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

05 AUG 24 PM 3: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01272005 No Chg-P CR2E034 (10/03)

4. FEI Number 80-0042428	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DOCUMENT # P01000122366
1. Entity Name
ST. GERTRUDE'S GARDENER, INC.



Principal Place of Business 430 BRASSIE DR LONGWOOD, FL 32750	Mailing Address 430 BRASSIE DR LONGWOOD, FL 32750
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PAINE, THOMAS A
430 BRASSIE DR
LONGWOOD, FL 32750

DO NOT WRITE IN THIS SPACE

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**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PAINE, THOMAS A 430 BRASSIE DR LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PAINE, SCARLETT T 430 BRASSIE DR LONGWOOD, FL 32750
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DO NOT WRITE IN THIS SPACE

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: Thomas Paine 1-27-05 407-895-2622 x232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #