


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90026 010 ***150.00

DOCUMENT # P02000001023	
1. Entity Name MANDE'S GARDEN COMPANY	

Principal Place of Business 4355 CRAIGDARRAGH AVENUE SPRING HILL FL 34606	Mailing Address PO BOX 55296 HALLANDALE FL 33008
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address PO BOX 5202 Suite, Apt. #, etc.
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City & State Spring Hill FL	City & State Spring Hill FL
Zip 34606	Country USA



MOORE CR2E034 (11/03)

4. FEI Number 80-0035351	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 GROSS, E.A. 130 GOLDEN ISLES DR. HALLANDALE FL 33009	7. Name and Address of New Registered Agent Name GROSS, E.A. Street Address (P.O. Box Number is Not Acceptable) 4355 Craigdarragh Ave City Spring Hill FL Zip Code 34606
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Elizabeth Gross* (NOTE: Registered Agent signature required when reinstating) DATE **4-16-04**

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	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 P	<input type="checkbox"/> Delete	TITLE P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GROSS, ELIZABETH		NAME GROSS, Elizabeth	
STREET ADDRESS 130 GOLDEN ISLES DR.		STREET ADDRESS 4355 Craigdarragh Ave	
CITY-ST-ZIP HALLANDALE FL 33009		CITY-ST-ZIP Spring Hill FL 34606	
TITLE VP	<input type="checkbox"/> Delete	TITLE VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GROSS, MARC		NAME GROSS, Marc	
STREET ADDRESS 130 GOLDEN ISLES DR.		STREET ADDRESS 4355 Craigdarragh Ave	
CITY-ST-ZIP HALLANDALE FL 33009		CITY-ST-ZIP Spring Hill, FL 34606	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Elizabeth Gross (P)* **4-16-04** **3525974606**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #