

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000098871

FILED  
Jul 05, 2004  
Secretary of State

Entity Name: GOD'S GARDEN DREAMS & COMPANY, INC

## Current Principal Place of Business:

12895 SILVER SPRINGS DRIVE S.  
JACKSONVILLE, FL 32246

## New Principal Place of Business:

## Current Mailing Address:

12895 SILVER SPRINGS DRIVE S.  
JACKSONVILLE, FL 32246

## New Mailing Address:

FEI Number: 57-1149749

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BASS, SAMANTHA M  
12895 SILVER SPRINGS DRIVE SOUTH  
JACKSONVILLE, FL FL.

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: MS. ( ) Delete  
Name: KENNEDY, GLORIA BOD  
Address: 8153 ARLINGTON EXPRESSWAY  
City-St-Zip: JACKSONVILLE, FL 32211

Title: MS. ( ) Delete  
Name: BASS, SAMANTHA M BOD  
Address: 12895 SILVER SPRINGS DR. S  
City-St-Zip: JACKSONVILLE, FL 32246

Title: MS. ( ) Delete  
Name: CLARK, CARA SEC.  
Address: 6363 FLAT ROCK RD  
City-St-Zip: COLUMBIA, GA 31907

Title: MRS. ( ) Delete  
Name: BASS, SHEILA C PRES  
Address: 12895 SILVER SPRINGS DRIVE S.  
City-St-Zip: JACKSONVILLE, FL 32246

Title: MR. ( ) Delete  
Name: BASS, BARRY N VP  
Address: 12895 SILVER SPRINGS DRIVE S.  
City-St-Zip: JACKSONVILLE, FL 32246

Title: MRS. ( ) Delete  
Name: BRUMFIELD, PATRICIA C TREAS.  
Address: 7662 CUMBERLAND RD.  
City-St-Zip: LARGO, FL 37777

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARRY N. BASS

VP

07/05/2004

Electronic Signature of Signing Officer or Director

Date