


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000049271 1. Entity Name DEANA'S DREAM GARDEN DESIGNS, INC.	
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Principal Place of Business 7225 ROYAL OAKS DR. SPRING HILL, FL 34607	Mailing Address 7225 ROYAL OAKS DR. SPRING HILL, FL 34607
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05042005 No Chg-P CR2E034 (10/03)

4. FEI Number 55-0831203	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MEADOWS, MARY D 7225 ROYAL OAKS DR. SPRING HILL, FL 34607
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**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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	PRES MEADOWS, MARY D PRES. 7225 ROYAL OAK DR. SPRING HILL, FL 34607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. MEADOWS, BRIAN K V.P. 7225 ROYAL OAK DR. SPRING HILL, FL 34607
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**DO NOT WRITE
IN THIS SPACE**

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05/06/05-60044-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Deana Meadows Brian Meadows*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4-30-05 *352-596-3777*
Date Daytime Phone #