

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000111499

FILED
Mar 05, 2004
Secretary of State

Entity Name: GARLAND INSTITUTE, INC.

Current Principal Place of Business:

43 E. BROAD STREET
TITUSVILLE, FL 32796

New Principal Place of Business:

Current Mailing Address:

43 E. BROAD STREET
TITUSVILLE, FL 32796

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RHODA, GARLAND
405 INDIAN RIVER AVE.
1001
TITUSVILLE, FL 32796 US

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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MS () Change (X) Addition
Name: ATWOOD, FREIDA G
Address: 43 E BROAD ST
City-St-Zip: TITUSVILLE, FL 93796

Title: MS () Change (X) Addition
Name: GARLAND, RHODE L
Address: 405 INDEAN RIVER AVE
City-St-Zip: TITUSVILLE, FL 32796

Title: MR () Change (X) Addition
Name: WARNER, HANK
Address: 41 BROAD ST
City-St-Zip: TITUSVILLE, FL 32796

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: FREIDA ATWOOD

MS

03/05/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date