


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90116 028 \*\*\*150.00

<b>DOCUMENT # P04000044334</b>	
1. Entity Name <b>PRO GARDENS, INC.</b>	

Principal Place of Business <b>9924 HAPPY HOLLOW ROAD DELRAY BEACH, FL 33446</b>	Mailing Address <b>9924 HAPPY HOLLOW ROAD DELRAY BEACH, FL 33446</b>
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**00029273**

2. Principal Place of Business <b>15100 Persimmon Rd.</b>	3. Mailing Address <b>720 Eldorado Ln</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>Delray Bch, Florida</b>	City & State <b>Delray Bch, FL</b>
Zip <b>33446</b>	Country <b>USA</b>



03142005 Chg-P CR2E034 (10/03)

4. FEI Number <b>20-0801100</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>MAGAFAS, JAMES G 9924 HAPPY HOLLOW ROAD DELRAY BEACH, FL 33446</b>	7. Name and Address of New Registered Agent Name <b>SAME</b> Street Address (P.O. Box Number is Not Acceptable) <b>720 Eldorado Lane</b> City <b>Delray Bch</b> FL Zip Code <b>33444</b>
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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  **JAMES G MAGAFAS, President** 3/17/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
<table border="1"> <tr> <td>TITLE</td> <td><b>D</b></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>MAGAFAS, JAMES G</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>9924 HAPPY HOLLOW ROAD</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>DELRAY BEACH, FL 33446</b></td> <td></td> </tr> </table>	TITLE	<b>D</b>	<input type="checkbox"/> Delete	NAME	<b>MAGAFAS, JAMES G</b>		STREET ADDRESS	<b>9924 HAPPY HOLLOW ROAD</b>		CITY-ST-ZIP	<b>DELRAY BEACH, FL 33446</b>		<table border="1"> <tr> <td>TITLE</td> <td><b>JAMES G MAGAFAS</b></td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td><b>720 Eldorado Lane</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>Delray Bch, FL 33444</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE	<b>JAMES G MAGAFAS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	<b>720 Eldorado Lane</b>		STREET ADDRESS	<b>Delray Bch, FL 33444</b>		CITY-ST-ZIP		
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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:  **JAMES G MAGAFAS PRESIDENT** 3/17/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **454 275 0748**