


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000083556 1. Entity Name DRIFTWOOD GARDEN CENTER OF BONITA SPRINGS, INC.	
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Principal Place of Business 5051 TAMiami TRAIL NORTH NAPLES, FL 34103	Mailing Address 5051 TAMiami TRAIL NORTH NAPLES, FL 34103
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DO NOT WRITE IN THIS SPACE



02212008 No Chg-P CR2E034 (11/05)

4. FEI Number 51-0586232	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HAZELET, CRAIG 5051 TAMiami TRAIL NORTH NAPLES, FL 34103
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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAZELETT, GARY L 190 CAJEPUT DRIVE NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAZELETT, CRAIG D 208 MONTEREY DRIVE NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAZELETT, BRAD M 8498 LAUREL LAKES COVE NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEMAY, DAVID C 445 PALM RIVER BLVD. NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000929319
05/21/08-80064-012 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **4-25-08** **239-261-0328**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #