

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90499 049 ***150.00

DOCUMENT # P97000013467

1. Entity Name
DRIFTWOOD GARDEN CENTER OF FT. MYERS, INC.



Principal Place of Business
20071 S TAMIAMI TRAIL
ESTERO, FL 33928

Mailing Address
5051 TAMIAMI TRAIL NORTH
NAPLES, FL 34103

2005385Z



04072005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0728182

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HAZELETT, GARY L
5051 TAMIAMI TRAIL NORTH
NAPLES, FL 34104

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME HAZELETT, GARY L
STREET ADDRESS 2136 LONGBOAT DRIVE
CITY-ST-ZIP NAPLES, FL 34104

TITLE VP
NAME HAZELETT, CRAIG
STREET ADDRESS 5051 TAMIAMI TRAIL NORTH
CITY-ST-ZIP NAPLES, FL 34103

TITLE S
NAME HAZELETT, BRAD
STREET ADDRESS 20071 S TAMIAMI TRAIL
CITY-ST-ZIP ESTERO, FL

TITLE T
NAME LEMAY, JENNIFER
STREET ADDRESS 445 PALM RIVER BLVD
CITY-ST-ZIP NAPLES, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY L. HAZELETT

(239) 947-9676

Date

Daytime Phone #