

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90053 036 ***150.00

DOCUMENT # P97000015540

1. Entity Name

ELDON J. GARDNER ENTERPRISES, INC.



Principal Place of Business

21941 BONITA GRANDE DR.
 BONITA SPRINGS FL 34136

Mailing Address

PO BOX 367449
 BONITA SPRINGS FL 34136

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3438731

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARDNER, ELDON J
 26851 NICKI J COURT
 BONITA SPRINGS FL 34135

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	GARDNER, ELDON J	26851 NICKI J COURT	BONITA SPRINGS FL 34135				
DVP	CASE, JAMES SR	749 103RD AVE N	NAPLES FL 34108				
DVP	SNEED, PHILLIP B	839 108TH AVE N	NAPLES FL 34108		Sneed, Phillip B	3261 10th Ave NE	Naples, Florida 34120

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: Phillip B Sneed Phillip B. Sneed 2/04/04 239-777-7455
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #