

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

APPROVED  
AND  
FILED

DOCUMENT # P97000028064

1. Entity Name  
GARDEN ACCENTS, INC.



06 MAY -1 AM 11:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4453 WOODVILLE HIGHWAY  
TALLAHASSEE, FL 32305

Mailing Address  
P.O. BOX 5768  
TALLAHASSEE, FL 32314



04202006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3462112

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BARNETT, JOHN C  
2208 MONTICELLO DR.  
TALLAHASSEE, FL 32308

**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

*John C. Barnett*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/06

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	BARNETT, JOHN C
STREET ADDRESS	2208 MONTICELLO DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	DP
NAME	BARNETT, LESLEY E
STREET ADDRESS	2208 MONTICELLO DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

700074323247  
05/10/06--01005--018 \*\*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:

*John C. Barnett* John C. Barnett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/28/06 850-877-2424

Daytime Phone #

5/1/06