

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000019924

FILED  
Apr 29, 2004  
Secretary of State

Entity Name: WATERGARDEN HYDROPONIC FARMS, INC.

**Current Principal Place of Business:**

5012 SILO RD  
ST AUGUSTINE, FL 32092

**New Principal Place of Business:**

**Current Mailing Address:**

8640 PHILLIPS HIGHWAY  
SUITE 20  
JACKSONVILLE, FL 32256 US

**New Mailing Address:**

5012 SILO ROAD  
ST. AUGUSTINE, FL 32092 US

FEI Number: 59-3498690

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROBINSON, MARY A ESQ.  
ONE INDEPENDENT DRIVE  
SUITE 2600  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

SUGGS, ALLEN D PRES  
5012 SILO ROAD  
ST. AUGUSTINE, FL 32092 US

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.

SIGNATURE: ALLEN SUGGS

04/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPST ( ) Delete  
Name: SUGGS, ALLEN D III  
Address: 5012 SILO RD  
City-St-Zip: ST AUGUSTINE, FL 32092

Title: ASVD ( ) Delete  
Name: IRISH, CHARLES F D  
Address: 8640 PHILIPS HIGHWAY SUITE 20  
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP ( ) Delete  
Name: SUGGS, ALLEN D JR.  
Address: 8640 PHILIPS HWY., SUITE 20  
City-St-Zip: JACKSONVILLE, FL 32256

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLEN SUGGS

DPST

04/29/2004

Electronic Signature of Signing Officer or Director

Date