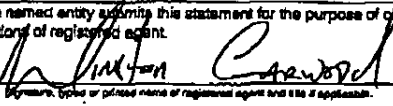
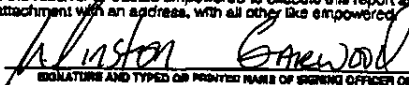


FILED
Jun 03, 2004 8:00 am
Secretary of State

05-03-2004 90765 001 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000050387		
1. Entity Name GARWOOD INC.		
Principal Place of Business 1702 SWEETWATER W. CIRCLE APOPKA, FL 32712		Mailing Address 1702 SWEETWATER W. CIRCLE APOPKA, FL 32712
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GARWOOD, WINSTON 1702 SWEETWATER W. CIRCLE APOPKA, FL 32712		66426295  04292004 No Chg-P CR2E034 (10/03)
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.		4. FEI Number 59-3513518 Applied For Not Applicable
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	GARWOOD, WINSTON	
STREET ADDRESS	1702 SWEETWATER W. CIRCLE	
CITY-ST-ZIP	APOPKA, FL 32712	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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		5/24/04 Date Daytime Phone #