2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State
05-04-2004 90213 043 ***150.00

DOCUMENT # P98000061882

1. Entity Name
GARDENS & MORE, INC.

Principal Place of Business	Mailing Address
17781 S.W. 46TH STREET SOUTH WEST RANCHOS, FL 33331 US	17781 S.W. 46TH STREET SOUTH WEST RANCHOS, FL 33331 US

04292004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4901 S.W. 178 Ave	4901 S.W 178 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: S.W Ranches fl	City & State: S.W. Ranches fl
Zip: 33331 Country: USA	Zip: 33331 Country: USA

4. FEI Number: 65-0851071 — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RODRIGUEZ, MONICA
15737 SW 20TH ST
DAVIE, FL 33326

7. Name and Address of New Registered Agent

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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RODRIGUEZ, MONICA 15737 SW 20TH ST DAVIE, FL 33326 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Rodriguez Mónica 4901 S.W 178 Ave S.W. Ranches fl 33331 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 — Date — Daytime Phone #