2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 31, 2005 08:00 AM Secretary of State

ANNUAL REPORT				Jan 31, 2005 08:00	
DOCU	MENT # P990000297	7 47		[Se	cretary of State
1. Entity Name TEDDER'S SUNK IN GARDENS, INC.					
·CDDLK					
Principal Plac	e of Business	Mailing Address			
4775 HIGHW	AY 11 Rings, Fl. 32130	4775 HIGHWAY 11 DELEON SPRINGS, FL 32130			
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DO NOT WRITE IN THIS SPA			UE	4. FEI Number	Applied For
		•	•	59-3562134	Not Applicable \$8.75 Additional
				5. Certificate of Status Desired	Fee Required
	6. Name and Address of Current Re	egistered Agent	,+. · · · · · ·	e signer of the same of the sa	
TEDDER, THOMAS E				DO NOT W	RITE
4775 HIGHWAY 11 DELEON SPRINGS, FL 32130				**	
DEEESIT 61 1(1106), 12 02100				IN THIS SP	ACE
			Market of the state of the stat		
	named entity submits this statement for the	he purpose of changing its register	ed office or register	ed agent, or both, in the State of Flo	orida. I am familiar with, and accept
tre obligat	ions of registered agent.				
SIGNATURE.	Signature, typed or printed name of registered agent and	f title if applicable. (NOTE: Registere	d Agent signature required	when reinstating)	DATE
_ _			4-		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.				.00 May Be ed to Fees	
10.	OFFICERS AND D	RECTORS		- Alexander	
TITLE NAME	P TEDDER, THOMAS		1		
STREET ADDRESS	4775 HIGHWAY 11				
CITY-ST-ZIP	DE LEON SPRINGS, FL 32130	<u> </u>	C 1	- Indian	programs who gives and any and and a second
TITLE NAME	VP TEDDER, CATHERINE	•	-	[[17]]] [[1]	ទីម៉ូនេសហ៊ីម៉ា កែក ដែ
STREET ADDRESS	4775 HIGHWAY 11] .		
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TITLE					
NAME STREET ADDRESS			1		

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: Thomas Con

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1128/05

1/386-736-2713

Daytime Phone #