


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90079 045 ***150.00

DOCUMENT # P99000097730			
1. Entity Name GARDEN WORLD OF HOLIDAY, INC.			
Principal Place of Business 17212 US HWY 19 HUDSON FL 34667 <i>same</i>		Mailing Address 17212 US HWY 19 HUDSON FL 34667 <i>(Please see below)</i>	
2. Principal Place of Business		3. Mailing Address <i>P.O. Box 236</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Lando' Lakes</i>	
4. FEI Number 59-1531848		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GERRELL, III, WILLIAM E 17212 US HWY 19 HUDSON FL 34667		7. Name and Address of New Registered Agent Name <i>William E. Gerrell III</i> Street Address (P.O. Box Number is Not Acceptable) <i>37303 Hickory Hill Lane</i> <i>Dade City, FL</i> City <i>FL</i> Zip Code <i>33525</i>	
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 <i>William E. Gerrell III</i>		DATE <i>4/28/06</i>	
SIGNATURE, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 GERRELL, III, WILLIAM E 17212 US HWY 19 HUDSON FL 34667 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>William E. Gerrell III</i> <i>37303 Hickory Hill Lane</i> <i>Dade City, FL, 33525</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *William E. Gerrell III* DATE: *4/29/06* 813-781-2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #