


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # S51498	
1. Entity Name SUMMERWOOD GARDENS, INC.	

Principal Place of Business 11711 TARPON SPRINGS ROAD ODESSA, FL 33556	Mailing Address 11711 TARPON SPRINGS ROAD ODESSA, FL 33556
------------------------------------------------------------------------------	------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE



04142004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3069292	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 THWAITES, RICHARD L. 11711 TARPON SPRINGS ROAD ODESSA, FL 33556

**DO NOT WRITE
IN THIS SPACE**

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 _____
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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000130583 04/26/04-80124-005 150.00
-------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------	--------------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THWAITES, RICHARD L 11711 TARPON SPRINGS RD ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THWAITES, CARROL Y 11711 TARPON SPRINGS RD ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THWAITES, JEFFERY 11711 TARPON SPRINGS RD ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEWART, SHARON 39 VALENCIA CIR SAFETY HARBOR, FL 34695
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Richard Thwaites (RICHARD THWAITES) 4/22/04 (813) 920-6234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #