2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V46749

1. Entity Name

GARDENER HOLDING COMPANY, INC.



Principal Place of Business

4400 BAYOU BLVD., SUITE 6B PENSACOLA, FL 32503 Mailing Address

4400 BAYOU BLVD., #6B PENSACOLA, FL 32503

FILED Jan 30, 2004 8:00 am Secretary of State

01-30-2004 90073 047 ***150.00

Will With a



DO NOT WRITE IN THIS SPACE

01222004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3127292

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

TIPPENS, GARY 4400 BAYOU BLVD. SUITE 6B PENSACOLA, FL 32503

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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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. **PVTS** TITLE TIPPENS, GARY NAME STREET ADDRESS 4400 BAYOU BLVD., STE 6B PENSACOLA, FL 32503 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS COY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP

NATI DE ANOTYPE O DE PONTED NAME DE COMMO DERCER OS DIRECTOR

128/04

850-484-2906

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Daytime Phone #