


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # F96000006504  
 1. Entity Name  
**VERTI-GRO, INC.**



Principal Place of Business      Mailing Address  
 15000 SE HWY 441      15000 SE HWY 441  
 SUMMERFIELD, FL 34491 US      SUMMERFIELD, FL 34491 US

**DO NOT WRITE IN THIS SPACE**



01132006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**84-0625628**      Not Applicable

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

6. Name and Address of Current Registered Agent  
 CARPENTER, TIM D  
 15000 SE HWY 441  
 SUMMERFIELD, FL 34491

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CARPENTER, TIM D
STREET ADDRESS	15000 SE US HWY. 441/27
CITY- ST- ZIP	SUMMERFIELD, FL 34491
TITLE	D
NAME	CARPENTER, BARBARA C
STREET ADDRESS	15000 SE US HWY. 441/27
CITY- ST- ZIP	SUMMERFIELD, FL 34491
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000390233  
 01/23/06-80019-011 158.75

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Tim D. Carpenter      Tim D. Carpenter      1-15-06      352-347-9888

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