2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: .

Mar 04, 2005 08:00 AM Secretary of State DOCUMENT # H64589 1. Entity Name THE PLANT PEOPLE OF FLORIDA, INC. Principal Place of Business Mailing Address PO BOX 2525 DAYTONA EBACH FL 32115 PO BOX 2525 DAYTONA EBACH FL 32115 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-2719450 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FOSTER, WALTER E., JR. Street Address (P.O. Box Number is Not Acceptable) 315 SOUTH PALMETTO AVENUE DAYTONA BEACH FL 32114 Zip Code 3. 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 | am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registored agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PST Delete TITLE ☐ Change Addition TRAINER, VICTORIA L NAME NAME STREET ADDRESS 1340 HERBORT STREET STREET ADDRESS PORT ORANGE FL CITY-ST-ZIP CITY-ST-ZIP D DILL Delete ☐ Change Addition 03/04/05-80026-021 150.00 TRAINER, JOSEPH NAME NAME STREET ADDRESS 1340 HERBERT STREET STREET ADDRESS CITY-ST-ZIP PORT ORANGE FL CITY - ST - ZIP TITLE Delete TITI E Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7IP TITLE Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CHY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 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.

FILED

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