

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # H64589 1. Entity Name THE PLANT PEOPLE OF FLORIDA, INC.		
Principal Place of Business PO BOX 2525 DAYTONA EBACH, FL 32115		Mailing Address PO BOX 2525 DAYTONA EBACH, FL 32115
DO NOT WRITE IN THIS SPACE		
8. Name and Address of Current Registered Agent FOSTER, WALTER E., JR. 315 SOUTH PALMETTO AVENUE DAYTONA BEACH, FL 32114		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)		
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 NAME STREET ADDRESS CITY-ST-ZIP	PST TRAINER, VICTORIA L 1340 HERBERT STREET PORT ORANGE, FL	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRAINER, JOSEPH 1340 HERBERT STREET PORT ORANGE, FL	
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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: <u>Victoria L. Trainer</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2719450	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

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01/10/06-20022-020 150.00
DATE