


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2006 8:00 am
Secretary of State

03-23-2006 90011 043 ***150.00

DOCUMENT # M11382 1. Entity Name PICK-A-PLANT, INC.			
Principal Place of Business 52 WEST OAKLAND PARK BLVD., #167 FT LAUDERDALE FL 33311 US		Mailing Address 52 WEST OAKLAND PARK BLVD., #167 FT LAUDERDALE FL 33311 US	
2. Principal Place of Business 726 NW 28 CT Suite, Apt. #, etc.		3. Mailing Address 52 W. OAKLAND PARK BLVD Suite, Apt. #, etc. Suite 167	
City & State WILTON MANORS FL		City & State FT LAUDERDALE, FL	
Zip 33311		Country BROWARD	
4. FEI Number 59-2500079		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		1st MOORE CR2E034 (10/05)	
6. Name and Address of Current Registered Agent FEINSTEIN, BARRY 726 NW 28 COURT FT LAUDERDALE-FL-33311		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <i>Barry Feinstein</i> DATE 3/14/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when certifying)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GILMORE, DAVID 726 NW 28TH COURT FT LAUDERDALE FL 33311	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FEINSTEIN, BARRY 726 NW 28TH COURT FT LAUDERDALE FL 33311	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>D.A. Gilmore</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		D.A. Gilmore 4/3/06 954-566-8700 <small>Date Daytime Phone #</small>	