


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000094738	
1. Entity Name FLORIDA NATIVE PLANTS, INC.	

Principal Place of Business 730 MYAKKA ROAD SARASOTA, FL 34240	Mailing Address 730 MYAKKA ROAD SARASOTA, FL 34240
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DO NOT WRITE IN THIS SPACE



03312007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0638867	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KUNKEL, JANICE I
730 MYAKKA ROAD
SARASOTA, FL 34240

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALTON, DANIEL C 2564 COLORADO STREET SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHILLER, LAUREL 405 ARMADA RD. S VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD KUNKEL, JANICE 4783 RINGWOOD MEADOW SARASOTA, FL 34235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/11/07-80013-022 150.00

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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: *Janice Kunkel* **3/31/07 941-322-1915**

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

JANICE KUNKEL