

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H79874

**Entity Name:** PLANT FOODS, INC.

**Current Principal Place of Business:**

5150 41ST ST  
VERO BEACH, FL 32967-1902

**Current Mailing Address:**

PO BOX 1089  
VERO BEACH, FL 32961

**FEI Number:** 59-2588276

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GEARY, EDWARD J.  
5150 41ST ST  
VERO BEACH, FL 32967-1902 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title T  
Name HOLTZCLAW, JOSEPHINE  
Address 950 82ND AVE  
City-State-Zip: VERO BEACH FL 32966

Title VP  
Name CONNELLY, MJ  
Address 9110 44TH AVE  
City-State-Zip: WABASSO FL 32970

Title P  
Name GEARY III, ROBERT  
Address 6645 53RD STREET  
City-State-Zip: VERO BEACH FL 32967

Title ASST. SECRETARY  
Name GEARY, EDWARD  
Address PO BOX 560  
City-State-Zip: FORT PIERCE FL 34948

Title ASST. TREASURER  
Name GEARY, RITA  
Address 6655 53RD STREET  
City-State-Zip: VERO BEACH FL 32967

Title S  
Name GEARY, DAVID  
Address 6655 53RD STREET  
City-State-Zip: VERO BEACH FL 32967

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOSEPHINE HOLTZCLAW

**TREASURER**

**01/29/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date