

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