

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 259890

1. Entity Name

CHARLIE'S PLANT FARM, INC.



Principal Place of Business

Mailing Address

12351 MCINTOSH RD.
THONOTOSASSA FL 33592

12351 MCINTOSH RD.
THONOTOSASSA FL 33592



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number 59-0976536

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DORMAN, CHARLES, J, III
12351 MCINTOSH RD
THONOTOSASSA FL 33592

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

Charles J. Dorman

(Signature, typed or printed name of registered agent and state if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME DORMAN, CARRIE LOU
STREET ADDRESS 336 ST AUGUSTINE
CITY-ST-ZIP TEMPLE TERRACE FL

TITLE ☐ Change ☐ Addition
NAME 000000826938
STREET ADDRESS 02/21/08-80070-016 150.00
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME DORMAN, CHARLES J, III
STREET ADDRESS 336 ST AUGUSTINE
CITY-ST-ZIP TEMPLE TERRACE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

Charles J. Dorman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

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