

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 259890

FILED  
Mar 10, 2009  
Secretary of State

Entity Name: CHARLIE'S PLANT FARM, INC.

**Current Principal Place of Business:**

12351 MCINTOSH RD.  
THONOTOSASSA, FL 33592

**New Principal Place of Business:**

**Current Mailing Address:**

12351 MCINTOSH RD.  
THONOTOSASSA, FL 33592

**New Mailing Address:**

FEI Number: 59-0976536

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DORMAN, CARRIE LOU  
Address: 336 ST AUGUSTINE  
City-St-Zip: TEMPLE TERRACE, FL

Title: VD ( ) Delete  
Name: DORMAN, CHARLES J III  
Address: 336 ST AUGUSTINE  
City-St-Zip: TEMPLE TERRACE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CARRIE L. DORMAN

PRES

03/10/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date