


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 08:00 AM
Secretary of State

329076 1. Entity Name FLORIDA PLANT FOOD CORPORATION	
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Principal Place of Business 194 WILL DUKE ROAD POST OFFICE BOX 1087 WAUCHULA, FL 33873 US	Mailing Address POST OFFICE BOX 1087 WAUCHULA, FL 33873-1087 US
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DO NOT WRITE IN THIS SPACE



01152004

4. FEI Number 59-1213896	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75	

6. Name and Address of Current Registered Agent DAVIS, EDGAR L. DAVIS 194 WILL DUKE ROAD WAUCHULA, FL 33873	<p style="text-align: center; font-size: 24pt; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BEST, GAIL D 238 S. BAILEY RD WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAVIS, KEITH WM P.O. BOX 1413 WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, EDGAR L P.O. BOX 1087 WAUCHULA, FL 33873
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 04/15/04-80014-025 150.00

DO NOT WRITE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Gail D Best GAIL D BEST 4-12-04 863-778-4157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #