

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # 329076

1. Entity Name
FLORIDA PLANT FOOD CORPORATION



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**



04082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1213896

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DAVIS, EDGAR L. DAVIS
194 WILL DUKE ROAD
WAUCHULA, FL 33873**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
BEST, GAIL D
P.O. BOX 203
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**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000946930
05/30/08-80068-020 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/08

Date

863-773-4159

Daytime Phone #