

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 329076

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: FLORIDA PLANT FOOD CORPORATION

## Current Principal Place of Business:

194 WILL DUKE ROAD POST OFFICE BOX 1087  
WAUCHULA, FL 33873 US

## New Principal Place of Business:

194 WILL DUKE ROAD  
WAUCHULA, FL 33873 US

## Current Mailing Address:

POST OFFICE BOX1087  
WAUCHULA, FL 338731087 US

## New Mailing Address:

FEI Number: 59-1213896      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DAVIS, EDGAR L. DAVIS  
194 WILL DUKE ROAD  
WAUCHULA, FL 33873 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: S ( ) Delete  
Name: BEST, GAIL D  
Address: P.O. BOX 203  
City-St-Zip: WAUCHULA, FL 33873

Title: V ( ) Delete  
Name: DAVIS, KEITH WM  
Address: P.O. BOX 1413  
City-St-Zip: WAUCHULA, FL 33873

Title: P ( ) Delete  
Name: DAVIS, EDGAR L  
Address: P.O. BOX 1087  
City-St-Zip: WAUCHULA, FL 33873

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: GAIL D BEST

S

04/29/2009

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

\_\_\_\_\_  
Date