

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 349172

Entity Name: DELRAY PLANTS, INC.

FILED  
Apr 14, 2005  
Secretary of State

**Current Principal Place of Business:**

5700 SIMMS ROAD  
DELRAY BEACH, FL 33484

**New Principal Place of Business:**

**Current Mailing Address:**

5700 SIMMS ROAD  
DELRAY BEACH, FL 33484

**New Mailing Address:**

FEI Number: 59-1259844

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KOORNNEEF, JACOB  
C/O DELRAY PLANTS INC  
5700 SIMMS ROAD  
DELRAY BEACH, FL 33484 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: KOORNNEEF, JACOB,  
Address: 7752 BRIDLINGTON DRIVE  
City-St-Zip: BOYNTON BEACH, FL

Title: STD ( ) Delete  
Name: KOORNNEEF, MARY,  
Address: 7752 BRIDLINGTON DRIVE  
City-St-Zip: BOYNTON BEACH, FL

Title: VP ( ) Delete  
Name: KOORNNEEF, EDWARD,  
Address: 10667 HAGEN RANCH RD  
City-St-Zip: BOYNTON BCH, FL

**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 for the exemption stated in Section 119.07(3)(i), 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: JACOB KOORNNEEF

PD

04/14/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date