2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 19, 2005 08:00 AM **DOCUMENT # 413919 Secretary of State** 1. Entity Name LABELLE PLANT WORLD, INC. Principal Place of Business Mailing Address HIGHWAY 80 WEST & 80 AT P.O. BOX 399 LABELLE FL 33975 PO BOX 399 LABELLE FL 33935 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For 4. FEI Number City & State City & State 59-1426277 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH, THOMAS A Street Address (P.O. Box Number is Not Acceptable) 475 7TH AVENUE LABELLE FL 33935 City Zip Code 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, typud or printed name of registered egent and title if opplicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, 11. PD Change Addition ☐ Delete TITLE Hite SMITH, THOMAS A NAME NAME UQOOOO269619 STREET ADDRESS STREET ADDRESS 475 7TH AVE -03/19/05-80017-018 150.00 CITY-ST-ZIP LABELLE FL 33935 911-113-YH3 ☐ Delete Change Addition TITLE NAME SMITH, ANNA R NAME 5631 MONTILLA DRIVE STREET ADDRESS STREET ADDRESS FORT MYERS FL 33919 CITY-SI-IP CITY-ST-ZIP ☐ Delete Change T Addition TITLE THE SMITH, SCOTT A NAME NAME STREET ADDRESS 5631 MONTILLA DRIVE STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33919 CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete HILL ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Delete ☐ Change ☐ Addition TITLE HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify 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 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.

FILED