

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90028 017 ***150.00

DOCUMENT # 413919

1. Entity Name

LABELLE PLANT WORLD, INC.



Principal Place of Business

**HIGHWAY 80 WEST & 80 A
PO BOX 399
LABELLE FL 33935**

Mailing Address

**P.O. BOX 399
LABELLE FL 33975**



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

1540 Laguna Hills Drive

Suite, Apt. #, etc.

City & State

City & State

Fort Myers

Zip

Country

Zip

FL 33908

USA

4. FEI Number

59-1426277

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

**SMITH, THOMAS A
475 7TH AVENUE
LABELLE FL 33935**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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, 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, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME SMITH, THOMAS A
STREET ADDRESS 475 7TH AVE
CITY-ST-ZIP LABELLE FL 33935

TITLE ST ☐ Delete
NAME SMITH, ANNA R
STREET ADDRESS 5631 MONTILLA DRIVE
CITY-ST-ZIP FORT MYERS FL 33919

TITLE VP ☐ Delete
NAME SMITH, SCOTT A
STREET ADDRESS 5631 MONTILLA DRIVE
CITY-ST-ZIP FORT MYERS FL 33919

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1540 Laguna Hills Drive
CITY-ST-ZIP Ft Myers FL 33908

TITLE ☒ Change ☐ Addition
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STREET ADDRESS 1540 Laguna Hills Drive
CITY-ST-ZIP Ft Myers FL 33908

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Thomas A Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

311346 863673 2805

Date

Daytime Phone #