

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2008 8:00 am
Secretary of State

07-25-2008 90010 003 ***550.00

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

~~15440 LAGUNA HILLS DR~~
~~FORT MYERS, FL 33908~~

P.O. 1003
Labelle, FL 33975

46111111



07102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1426277

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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 \$550.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SMITH, THOMAS A
STREET ADDRESS	475 7TH AVE
CITY-ST-ZIP	LABELLE, FL 33935
TITLE	ST
NAME	SMITH, ANNA R
STREET ADDRESS	15440 LAGUNA HILLS DR
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	VP
NAME	SMITH, SCOTT A
STREET ADDRESS	13440 LAGUNA HILLS DR
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: Thomas A. Smith Thomas A. Smith 7-21-08 863-885-1431
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #