

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 413919

FILED
Apr 27, 2009
Secretary of State

Entity Name: LABELLE PLANT WORLD, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

475 7TH AVENUE
LABELLE, FL 33935 US

Current Mailing Address:

P.O. BOX 1003
LABELLE, FL 33975

New Mailing Address:

P.O. BOX 1003
LABELLE, FL 33975 US

FEI Number: 59-1426277

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, THOMAS A
475 7TH AVENUE
LABELLE, FL 33935 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: SMITH, THOMAS A
Address: 475 7TH AVE
City-St-Zip: LABELLE, FL 33935

Title: ST () Delete
Name: SMITH, ANNA R
Address: 15440 LAGUNA HILLS DR
City-St-Zip: FORT MYERS, FL 33908

Title: VP (X) Delete
Name: SMITH, SCOTT A
Address: 13440 LAGUNA HILLS DR
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SMITH, THOMAS A
Address: 475 7TH AVE
City-St-Zip: LABELLE, FL 33935 US

Title: VSTD (X) Change () Addition
Name: SMITH, SCOTT A
Address: 475 7TH AVENUE
City-St-Zip: LABELLE, FL 33935 US

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: THOMAS A. SMITH

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04/27/2009

Electronic Signature of Signing Officer or Director

Date