


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90030 041 ***150.00

DOCUMENT # 473899 1. Entity Name FLORIDA POTTING SOILS, INC.					
Principal Place of Business 6021 BEGGS ROAD ORLANDO, FL 32810-2600 US			Mailing Address 6021 BEGGS ROAD ORLANDO, FL 32810-2600 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1584700	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MITCHELL, KATHY 6021 BEGGS ROAD ORLANDO, FL 32810-2600			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ST JAMES, WM G 6021 BEGGS ROAD ORLANDO, FL 32810		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT ROGERS, ARTHUR 6021 BEGGS ROAD ORLANDO, FL 32810		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER CUDDA, SEAN 6021 BEGGS RD ORLANDO FL 32810	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLETCHER, RICHARD L JR. 6021 BEGGS ROAD ORLANDO, FL 32810		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BONDS, BENJAMIN H JR 6021 BEGGS ROAD ORLANDO, FL 32810		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MITCHELL, KATHY 6021 BEGGS RD ORLANDO, FL 32810		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MITCHELL, KATHY 6021 BEGGS RD ORLANDO FL 32810	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BEIGLER, MATT COO 6021 BEGGS RD ORLANDO, FL 32810		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Kathy Mitchell</u> <u>Kathy Mitchell</u> <u>1/30/07</u> <u>407-291-1676</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					