

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2008 8:00 am
Secretary of State

01-15-2008 90039 019 ***150.00

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1. Entity Name
FLORIDA ORNAMENTAL PLANTS INC.



Principal Place of Business
13675 S.W. 216 STREET
GOULDS, FL 33170

Mailing Address
13675 S.W. 216 STREET
GOULDS, FL 33170

90004100



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1733387

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCINTOSH, RAYMOND
10560 SW 122ND ST
MIAMI, FL 33176

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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 \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCINTOSH, RAYMOND
STREET ADDRESS	13675 SW 216 ST
CITY-ST-ZIP	GOULDS, FL
TITLE	STD
NAME	MCINTOSH, JOAN
STREET ADDRESS	13675 SW 216 ST
CITY-ST-ZIP	GOULDS, FL
TITLE	D
NAME	ALEXANDER, JULIAN
STREET ADDRESS	2500 PAREVIEW DR UNIT # 1011
CITY-ST-ZIP	2860 N OAKLAND FOREST DR OAKLAND PARK, FL 33309 HALLANDALE FL 33009
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #