


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2004 8:00 am
Secretary of State

06-01-2004 90008 020 ***150.00

DOCUMENT # 542063 1. Entity Name ANDY'S PLANT AIDS, INC.			
Principal Place of Business 1840 FAIRBANKS ST LAKELAND, FL 33801 US		Mailing Address 1524 E NORTON STREET LAKELAND, FL 33803 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 881 SW Monica St Suite, Apt. #, etc.	
City & State Port St Lucie FL		4. FEI Number 59-1766370	
Zip 34953		Country St. Lucie	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS, ANDREW JASON JR. 1524 E NORTON STREET LAKELAND, FL 33803		7. Name and Address of New Registered Agent Name Jason Williams Street Address (P.O. Box Number is Not Acceptable) 881 SW Monica St City Port St Lucie State FL Zip Code 34953	
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: <i>Jason Williams</i> DATE: 5-13-03 <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees <i>Corporation did not receive form.</i>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WILLIAMS, LINDA 1524 E NORTON STREET LAKELAND, FL 33803	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Linda Williams 172 Young Place Lakeland FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WILLIAMS, ANDREW J JR 1524 E NORTON STREET LAKELAND, FL 33803	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Williams Andrew Jason 881 SW Monica St Port St Lucie FL 34953
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Andrew J Williams Jr</i>		SIGNATURE: <i>Andrew J Williams Jr</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 5-13-04 Daytime Phone # 863 660 0203	