

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 670081

FILED
Apr 05, 2007
Secretary of State

Entity Name: THE SOUTH FLORIDA PLANT SERVICE, INC.

Current Principal Place of Business:

MT DORA FLORIDA
P.O. BOX 35
MT DORA, FL 327560035

New Principal Place of Business:

MT DORA FLORIDA
2204 DOGWOOD CIRCLE
MT DORA, FL 32757

Current Mailing Address:

P O BOX 35
MT. DORA, FL 327560035 US

New Mailing Address:

FEI Number: 59-1989716 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANLON, TIM
321 ROYAL POINCIANA PLAZA S
PALM BEACH, FL 334800431 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: BAROUSSE, LARRY M., III
Address: 2204 DOGWOOD CIRCLE
City-St-Zip: MOUNT DORA, FL 32757

Title: D () Delete
Name: BAROUSSE, MARY PAT,
Address: 2204 DOGWOOD CIRCLE
City-St-Zip: MOUNT DORA, FL 32757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: LARRY M. BAROUSSE, III

PD

04/05/2007

Electronic Signature of Signing Officer or Director

_____ Date