

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 670081

FILED  
Mar 06, 2009  
Secretary of State

Entity Name: THE SOUTH FLORIDA PLANT SERVICE, INC.

**Current Principal Place of Business:**

20743 FUTURE FARM DR  
2204 DOGWOOD CIRCLE  
MOUNT DORA, FL 32756

**New Principal Place of Business:**

20743 FUTURE FARM DR  
MOUNT DORA, FL 32756

**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: PD (X) Change ( ) Addition  
Name: BAROUSSE, LARRY M., III  
Address: P.O. BOX 35  
City-St-Zip: MOUNT DORA, FL 32756

Title: D (X) Change ( ) Addition  
Name: BAROUSSE, MARY PAT,  
Address: P. O BOX 35  
City-St-Zip: MOUNT DORA, FL 32756

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: LARRY BAROUSSE

PRES

03/06/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date