

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2007 8:00 am
Secretary of State

01-11-2007 90057 044 ***150.00

DOCUMENT # F83538

1. Entity Name
PLANT FOOD SYSTEMS, INC.



Principal Place of Business

**2827 UNION STREET
ZELLWOOD, FL 32798**

Mailing Address

**P.O. BOX 775
ZELLWOOD, FL 32798**



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2202395

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

**BRENNAN, JOHN M
301 E. PINE STREET, SUITE 1400
ORLANDO, FL 32801-2855**

**DO NOT WRITE
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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	FABRY, PATRICIA P
STREET ADDRESS	4568 N APOKA VINELAND
CITY-STATE-ZIP	ORLANDO, FL
TITLE	DP
NAME	FABRY, CARL J
STREET ADDRESS	4568 N APOKA VINELAND
CITY-STATE-ZIP	ORLANDO, FL
TITLE	VP
NAME	BUFFKIN, PATRICIA A
STREET ADDRESS	411 E BLUE WATER EDGE DRIVE
CITY-STATE-ZIP	EUSTIS, FL 32738
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
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 individuals empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia P. Fabry
2/5/07 407-889-7755

Date

Daytime Phone #