


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90385 033 ***150.00

14012318



DOCUMENT # H07041 1. Entity Name PLANTIQUE, INC.	
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Principal Place of Business 5151 NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33418 US	Mailing Address 5151 NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33418 US
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2. Principal Place of Business 5594 Melaleuca Lane	3. Mailing Address 932 Dolphin Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State LAKE WORTH, FL	City & State Jupiter, FL
Zip 33463	Zip 33458
Country USA	Country USA

03302005 Chg-P CR2E034 (10/03)

4. FEI Number 59-2414670	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GRAHAM, MICHAEL W 5151 NORTHLAKE BLVD PALM BEACH GARDENS, FL 33418	7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 932 Dolphin Drive City Jupiter FL Zip Code 33458
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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: <u>Michael W. Graham, President</u> DATE: <u>4/12/05</u>
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRAHAM, MICHAEL W. 5151 NORTHLAKE BLVD PALM BEACH GARDENS, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRAHAM, MICHAEL W. 932 Dolphin Dr Jupiter, FL 33458 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRAHAM, SUSANNE O 5151 NORTH LAKE BLVD. PALM BEACH GARDENS, FL 33478 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRAHAM, SUSANNE O. 932 Dolphin Dr Jupiter, FL 33458 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Michael W. Graham, President</u> DATE: <u>4/12/05</u> DAYTIME PHONE: <u>561-641-0124</u>