

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90051 023 ***158.75



DOCUMENT # H21064

1. Entity Name
INTERIOR PLANTS INTERNATIONAL, INC.

Principal Place of Business
**11717 S.W. ARCHER RD.
GAINESVILLE, FL 32608-6801**

Mailing Address
**11717 S.W. ARCHER RD.
GAINESVILLE, FL 32608-6801**

2. Principal Place of Business - No P.O. Box #
11717 SW ARCHER RD

3. Mailing Address
11717 SW ARCHER RD



04042007 Chg-P CR2E034 (12/06)

City & State
GAINESVILLE FL

City & State
GAINESVILLE FL

4. FEI Number
59-2450990

Zip
32608-5731

Country

Zip
32608-5731

Country

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

6. Name and Address of Current Registered Agent

**WEST, NICHOLAS C.
11625 S.W. ARCHER RD.
GAINESVILLE, FL 32608-6801**

7. Name and Address of New Registered Agent

Name **WEST, NICHOLAS C.**
Street Address (P.O. Box Number is Not Acceptable)
11625 SW ARCHER RD
City **GAINESVILLE** FL Zip Code **32608-5731**

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 _____ (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	S	<input type="checkbox"/> Delete
NAME	COOPER, TAMMY W.	
STREET ADDRESS	11701 SW ARCHER RD	
CITY - ST - ZIP	GAINESVILLE, FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	WEST, JOHN C. III	
STREET ADDRESS	11711 SW ARCHER RD	
CITY - ST - ZIP	GAINESVILLE, FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	WEST, NICHOLAS C.	
STREET ADDRESS	11625 SW ARCHER RD	
CITY - ST - ZIP	GAINESVILLE, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/07 **352 495-9858**
Date Daytime Phone #