

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # H54800

1. Entity Name
CONTINENTAL FOLIAGE GROWERS, INC.



Principal Place of Business
8750 156 COURT SOUTH
DELRAY BEACH, FL 33446

Mailing Address
8750 156 COURT SOUTH
DELRAY BEACH, FL 33446



02252008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2540265

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BROOKS, ROGER W.
6886 NW 82 TERRACE
PARKLAND, FL 33067

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
BROOKS, JANICE L.
6886 NW 82ND TERR.
PARKLAND, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BROOKS, ROGER W.
6886 NW 82ND TERRACE
PARKLAND, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
BROOKS, JANICE, L
6886 NW 82ND TERR
PARKLAND, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-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 like empowered.

SIGNATURE: JANICE L. BROOKS *Janice L. Brooks*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-08

Date

954-753-5024

Daytime Phone #