

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H92130

FILED
Jul 13, 2004
Secretary of State

Entity Name: PLANT ADOPTION CENTER, INC.

Current Principal Place of Business:

PO BOX 128
THONOTOSASSA, FL 335920128 US

New Principal Place of Business:

9803 TOM FOLSOM RD
THONOTOSASSA, FL 335920128 US

Current Mailing Address:

PO BOX 128
THONOTOSASSA, FL 335920128 US

New Mailing Address:

FEI Number: 59-2627359 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARNOLD, THOMAS R
10204 GARDEN ALCOVE
TAMPA, FL 33647 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ARNOLD, THOMAS R.,
Address: 12690 N 56TH ST
City-St-Zip: TAMPA, FL

Title: S () Delete
Name: ARNOLD, THOMAS R.,
Address: 12690 N 56TH ST
City-St-Zip: TAMPA, FL

Title: AS () Delete
Name: ARNOLD, DIANE C.,
Address: 12690 N 56TH ST
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ARNOLD, THOMAS R.,
Address: PO BOX 128
City-St-Zip: TAMPA, FL

Title: S (X) Change () Addition
Name: ARNOLD, THOMAS R.,
Address: PO BOX 128
City-St-Zip: TAMPA, FL

Title: AS (X) Change () Addition
Name: ARNOLD, DIANE C.,
Address: PO BOX 128
City-St-Zip: TAMPA, FL

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TOM ARNOLD

PD

07/13/2004

Electronic Signature of Signing Officer or Director

_____ Date