


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90864 029 ***150.00

DOCUMENT # H96018 1. Entity Name PROFESSIONAL FERTILIZER & SUPPLY, INC.					
Principal Place of Business 1490 N BELCHER RD UNIT K CLEARWATER, FL 33765			Mailing Address 1490 N BELCHER RD UNIT K CLEARWATER, FL 33765		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 59-2624203				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04262007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent SMITH, ANASTASIA K 1490 N BELCHER RD UNIT K CLEARWATER, FL 33765			7. Name and Address of New Registered Agent <div style="border: 1px solid black; padding: 2px;"> Deserae L. Hicks <small>Street Address (P.O. Box Number is Not Acceptable)</small> 1490 N. Belcher Rd Unit K Clearwater, FL 33765 <small>City FL Zip Code</small> </div>		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <u><i>Deserae Hicks</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> <u>4/26/07</u> <small>DATE</small> </div> </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees <small>Trust Fund Contribution.</small>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SMITH, ANASTASIA K <input type="checkbox"/> Delete 1490 N BELCHER RD, UNIT K CLEARWATER, FL 33765	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<div style="border: 1px solid black; padding: 2px;"> Deserae L. Hicks <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1490 N. Belcher Rd. #K Clearwater, FL 33765 </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST Gabriel S. Gabriel Smith <input type="checkbox"/> Delete 1490 N BELCHER RD, UNIT K CLEARWATER, FL 33765	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		
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		
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: <u><i>Anastasia K. Smith</i></u> <u>4/26/07</u> (727) 791-3385 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					