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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **K11773** (4)

1. Corporation Name

**PLANTED EARTH CONTRACTING, INC.**



Principal Place of Business

**4205 EDGEWATER DR.  
ORLANDO FL 32804  
US**

Mailing Address

**4205 EDGEWATER DR.  
ORLANDO FL 32804  
US**

2. Principal Place of Business

2a. Mailing Address

21 **Same**

26 **Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**STONE, JANET L.  
4205 EDGEWATER DR.  
ORLANDO FL 32804**

81 Name

**NA**

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.06(2) and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

**NA**

Signature of person making this statement (Print Name)

Signature of person making this statement (Print Name)

Signature

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

**TSD  
STONE, AMADITA VASQUEZ  
1101 VENETIAN AVENUE  
ORLANDO FL**

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

2. TITLE

**PD  
STONE, JANET L.  
3320 N WESTMORELAND DR  
ORLANDO FL**

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

3. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

4. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

5. TITLE

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6. TITLE

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CITY-STATE-ZIP

7. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

8. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

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17. TITLE

18. NAME

19. STREET ADDRESS

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23. STREET ADDRESS

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25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY-STATE-ZIP

33. TITLE

34. NAME

35. STREET ADDRESS

36. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, changed or not, as applicable with an address.

SIGNATURE:

**Amadita Stone**

**3-1-96 (407) 299-3299**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone Number

CR2E034 (12/95)