

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91215 030 \*\*\*150.00

**DOCUMENT # K49540**

1. Entity Name  
**PLANT LINES, INC.**



Principal Place of Business  
**C/O MARK PETERS  
7900 CLEVELAND DRIVE  
PUNTA GORDA, FL 33982**

Mailing Address  
**C/O MARK PETERS  
7900 CLEVELAND DRIVE  
PUNTA GORDA, FL 33982**

24060411

2. Principal Place of Business  
**7900 Cleveland Drive**

Suite, Apt. #, etc.

3. Mailing Address  
**7900 Cleveland Drive**

Suite, Apt. #, etc.

04272004

Chg-P

CR2E034 (10/03)

City & State  
**Punta Gorda, Florida**

Zip

Country

**33982-2057**

City & State  
**Punta Gorda, Florida**

Zip

Country

**33982-2057**

4. FEI Number  
**65-0102996**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PETERS, MARK  
7900 CLEVELAND DRIVE  
PUNTA GORDA, FL 33982**

Name **Allen E. Langdon, Ph.D.**

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

**125 First Avenue**

City **Nokomis**

**FL**

Zip Code  
**34275-4242**

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

*Allen E. Langdon, Ph.D.*

**April 26, 2004**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **PETERS, MARK**  
STREET ADDRESS **7900 CLEVELAND DR.**  
CITY-ST-ZIP **PUNTA GORDA, FL**

TITLE **D** ☐ Delete  
NAME **PETERS, GREG**  
STREET ADDRESS **1375 APPALOOSA ST**  
CITY-ST-ZIP **PORT CHARLOTTE, FL 33980**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D, P, S** ☒ Change ☐ Addition  
NAME **Peters, Mark A.**  
STREET ADDRESS **7900 Cleveland Drive**  
CITY-ST-ZIP **Punta Gorda, FL 33982-2057**

TITLE **D, T** ☒ Change ☐ Addition  
NAME **Peters, Greg S.**  
STREET ADDRESS **1375 Appaloosa Street**  
CITY-ST-ZIP **Port Charlotte, FL 33980-3701**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

*Greg S. Peters*

**April 26, 2004**

**(941) 628-0377**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #