## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # M49524**

1. Entity Name CAMPBELL'S FOLIAGE, INC.



Principal Place of Business

17425 SW 272 ST

SIGNATURE:

HOMESTEAD, FL 33031 US

Mailing Address

17425 SW 272 STREET HOMESTEAD, FL 33031 US

## **FILED** Apr 29, 2005 8:00 am Secretary of State

04-29-2005 90251 037 \*\*\*158.75



04052005

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2798821 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Bequired

6. Name and Address of Current Registered Agent

CAMPBELL, BRIGID 740 MAJORGA AVE. 529 HAJORGA AVE CORAL GABLES, FL 33134

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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, 2005 Fee will be \$550.00  9. Election Campaign Finant Trust Fund Contribution.			~ —	\$5.00 May Be Added to Fees	·	
10.	OFFICERS AND DIREC	CTORS	1 ""	<del></del> -		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT CAMPBELL, BRIGID 748 MAJORCA AVE. 52 9 MI CORAL GABLES, FL 33134	Jorca Aue				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, PANSY 16781 SW 78TH AVE MIAMI, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS CAMPBELL, PATRICK			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE				THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE 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 cath; that I am an officer or director of the corporation or the receive; 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.						

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