

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M49524

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: CAMPBELL'S FOLIAGE, INC.

## Current Principal Place of Business:

17425 SW 272 ST  
HOMESTEAD, FL 33031 US

## New Principal Place of Business:

## Current Mailing Address:

17425 SW 272 STREET  
HOMESTEAD, FL 33031 US

## New Mailing Address:

FEI Number: 59-2798821      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CAMPBELL, BRIGID  
529 MAJORCA AVE.  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

CAMPBELL, BRIGID  
16781 SW 78 AVENUE  
VILLAGE OF PALMETTO BAY, FL 33157 US

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: BRIGID CAMPBELL

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DVS ( ) Delete  
Name: CAMPBELL, BRIGID  
Address: 529 MAJORCA AVE.  
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete  
Name: YOUNG, PANSY  
Address: 16781 SW 78TH AVE  
City-St-Zip: MIAMI, FL

Title: DPT ( ) Delete  
Name: CAMPBELL, PATRICK  
Address: 529 MAJORCA AVE.  
City-St-Zip: CORAL GABLES, FL 33134

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVS (X) Change ( ) Addition  
Name: CAMPBELL, BRIGID  
Address: 16781 SW 78 AVENUE  
City-St-Zip: VILLAGE OF PALMETTO BAY, FL 33157

Title: D (X) Change ( ) Addition  
Name: YOUNG, PANSY  
Address: 16781 SW 78TH AVE  
City-St-Zip: VILLAGE OF PALMETTO BAY, FL 33157

Title: DPT (X) Change ( ) Addition  
Name: CAMPBELL, PATRICK  
Address: 16781 SW 78 AVENUE  
City-St-Zip: VILLAGE OF PALMETTO BAY, FL 33157

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PATRICK CAMPBELL

DPT

04/30/2009

Electronic Signature of Signing Officer or Director

Date