

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 26, 2004 08:00 AM
Secretary of State

DOCUMENT # M64889

1. Entity Name
PLUMOSA FARMS, INC.



Principal Place of Business
PLUMOSA FARMS, INC
14760 BONITA BEACH RD
BONITA SPRINGS, FL 33923 US

Mailing Address
C/O C. LABERMEIER
6080 CYPRESS HOLLOW WAY
NAPLES, FL 33942

DO NOT WRITE IN THIS SPACE



07222004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0017937

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GUGLER, GARY C.
13501 BONITA BEACH RD.
BONITA SPRINGS, FL 33923

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
LABERMEIER, WALTER
13501 BONITA BCH. RD.
BONITA SPRGS., FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
LABERMEIER, CHERYL
6080 CYPRESS HOLLOW WAY
NAPLES, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
LABERMEIER, CHERYL
6080 CYPRESS HOLLOW WAY
NAPLES, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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07/26/04-80011-015 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Cheryl Labermeier* **LABERMEIER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/04 **239**
591-2656
Daytime Phone #