


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # M95059 1. Entity Name THE PLANTSMITH, INC.	
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Principal Place of Business 1555 FOLSOM ROAD LOXAHATCHEE, FL 33470 US	Mailing Address 1555 FOLSOM ROAD LOXAHATCHEE, FL 33470 US
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03212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0069831	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CONNOR, DONALD C. 1555 FOLSOM ROAD LOXAHATCHEE, FL 33470

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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 must be printed in line of registered agent and filled if applicable. (NOTE: Registered Agent signature required when (containing) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000110716 04/12/04-80094-019 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD CONNOR, JOAN A. 1555 FOLDOM RD. LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY, ST, ZIP	STD CONNOR, DONALD C. 1555 FOLSON ROAD LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
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TITLE NAME STREET ADDRESS CITY, ST, ZIP	

DO NOT WRITE 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)(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: Joan A. Connor JOAN A CONNOR 4-8-04 (561) 7192281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE