

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005180

FILED
Jan 05, 2007
Secretary of State

Entity Name: WEED & SEED OF ST LUCIE COUNTY, INC.

Current Principal Place of Business:

4700 W. MIDWAY ROAD
FORT PIERCE, FL 34981

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 447
FT. PIERCE, FL 34954

New Mailing Address:

FEI Number: 04-3709182

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FETTERMAN, ADAM M
4700 W. MIDWAY ROAD
FORT PIERCE, FL 34981 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CHRM () Delete
Name: BENTON, ROBERT
Address: 3215 AVE Q
City-St-Zip: FORT PIERCE, FL 34947

Title: SECT () Delete
Name: SAVAGE, EUGENE
Address: 3215 AVENUE Q
City-St-Zip: FORT PIERCE, FL 34950

Title: VICE () Delete
Name: MASCARA, KEN
Address: 3215 AVENUE QI
City-St-Zip: FORT PIERCE, FL 34950

Title: TREA (X) Delete
Name: TOBIN, PATRICIA A
Address: 3215 AVENUE Q
City-St-Zip: FORT PIERCE, FL 34950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TRES (X) Change () Addition
Name: BENTON, ROBERT
Address: 3215 AVE Q
City-St-Zip: FORT PIERCE, FL 34947

Title: SECT (X) Change () Addition
Name: BALDWIN, SEAN
Address: 920 US HWY 1
City-St-Zip: FORT PIERCE, FL 34954

Title: CHRM (X) Change () Addition
Name: MASCARA, KEN
Address: 4700 W. MIDWAY ROAD
City-St-Zip: FORT PIERCE, FL 34981

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADAM M. FETTERMAN

RA

01/05/2007

Electronic Signature of Signing Officer or Director

Date