


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000024632	
1. Entity Name PLANTS TO GO, INC.	

Principal Place of Business 23800 LAKE CHANCELLOR SORRENTO, FL 32776	Mailing Address 2630 RAMSEY DRIVE APOPKA, FL 32703
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DO NOT WRITE IN THIS SPACE



04022004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3707674	Applied For <input type="checkbox"/> 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 VERSLUIS, ALICE 2630 RAMSEY DR. APOPKA, FL 32703	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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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	U00000105984 04/07/04-80045-024 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARRIS, KENNETH A 4630 SLOEWOOD CT. MT. DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VERSLUIS, PAUL 2630 RAMSEY DR. APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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: <i>Paul Versluis</i> PAUL VERSLUIS	Date: 4.5.04	Daytime Phone #: 407-467-1338
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