


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000024048
 1. Entity Name
 PLANTOPIA, INC.



Principal Place of Business 4701 WEST FAIRVIEW HEIGHTS TAMPA, FL 33616	Mailing Address 4701 WEST FAIRVIEW HEIGHTS TAMPA, FL 33616
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DO NOT WRITE IN THIS SPACE



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0621482	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 COUNTRYMAN, JOHN A
 16011 NEBRASKA AVE. NORTH
 SUITE 106
 LUTZ, FL 33549

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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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST GASSAWAY, KATHRYN 4701 WEST FAIRVIEW HEIGHTS TAMPA, FL 336161048
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SMITH, TIM 4701 WEST FAIRVIEW HEIGHTS TAMPA, FL 336161048
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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: Kathryn Gassaway **KATHRYN GASSAWAY** 1/12/04 813-805-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #