



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 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



04192008 No Chg-P CR2E034 (11/05)

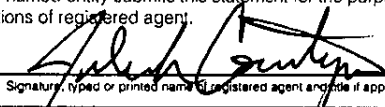
4. FEI Number 01-0621482	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COUNTRYMAN, JOHN A
 16011 NEBRASKA AVE. NORTH
 SUITE 108
 LUTZ, FL 33549

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:  DATE: 4-21-08

Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

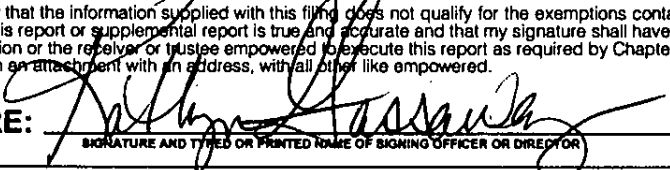
U00000943134
 05/29/08-80047-019 150.00

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  DATE: 4/28/2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR