

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90146 047 ***150.00

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1. Entity Name

PLANTS PLUS OF REDLANDS, INC.



Principal Place of Business

17480 SW 208 ST
MIAMI FL 33187

Mailing Address

PO BOX 1727
MIAMI FL 33197

2. Principal Place of Business

PO Box 971727

Suite, Apt. #, etc.

3. Mailing Address

PO Box 971727

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

03-0402176

Applied For

Not Applicable

Zip

33197-1727

Country

USA

Zip

33197-1727

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RESCIGNO, JUDY
16451 SW 205 AVENUE
MIAMI FL 33187

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME RESCIGNO, JUDY
STREET ADDRESS 16451 SW 205 AVENUE
CITY-ST-ZIP MIAMI FL 33187

TITLE D ☐ Delete
NAME RESCIGNO, MICHAEL
STREET ADDRESS 16451 SW 205 AVENUE
CITY-ST-ZIP MIAMI FL 33187

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Judy Rescigno - Judy Rescigno (D) Plants Plus of Redlands Inc. / 4/1/05 (786-236-7255)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #