

**2007 FOR PROFIT CORPORATION .
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # P02000026464

1. Entity Name
PLANTS PLUS OF REDLANDS, INC.



Principal Place of Business
**208 LAKE NED RD.
WINTER HAVEN, FL 33884 US**

Mailing Address
**208 LAKE NED RD.
WINTER HAVEN, FL 33884 US**



04122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0402176	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

**RESCIGNO, JUDY
208 LAKE NED RD.
WINTER HAVEN, FL 33884**

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: If registered Agent signature required when changing)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00**

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

000000711093
04/25/07-80069-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RESCIGNO, JUDY
STREET ADDRESS	208 LAKE NED RD.
CITY- ST- ZIP	WINTER HAVEN, FL 33884

TITLE	D
NAME	RESCIGNO, MICHAEL
STREET ADDRESS	208 LAKE NED RD.
CITY- ST- ZIP	WINTER HAVEN, FL 33884

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Judy Rescigno - Judy Rescigno (D) Plants Plus of Redlands Inc **(786) 236-7255**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr