

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000040765

1. Entity Name
FLORIDA ORGANICS: THE SAFE ALTERNATIVE, INC.



FILED
Apr 25, 2005 08:00 AM
Secretary of State

Principal Place of Business
7984 DUNSTABLE CIR
ORLANDO, FL 32817

Mailing Address
7984 DUNSTABLE CIR
ORLANDO, FL 32817



03032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0664488

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JACKSON, DAVID V
7984 DUNSTABLE CIR
ORLANDO, FL 32817

**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

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACKSON, DAVID V 7984 DUNSTABLE CIR ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOODKIND, PATRICIA T 7984 DUNSTABLE CIR ORLANDO, FL 32817
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04/25/05-80149-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/05 407-677-8689
Date Daytime Phone #