


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 27, 2004 8:00 am
Secretary of State

08-27-2004 90010 024 ***150.00

DOCUMENT # P02000080037

1. Entity Name
PLANT SALES, INC.



Principal Place of Business
**13070 SE 34TH STREET
 OKEECHOBEE FL 34974**

Mailing Address
**13070 SE 34TH STREET
 OKEECHOBEE FL 34974**



MOORE CR2E034 (4/04)

2. Principal Place of Business
12575 Hwy 70-E
 Suite, Apt. #, etc.

3. Mailing Address
12575 Hwy 70-E
 Suite, Apt. #, etc.

City & State
OKEECHOBEE FL

City & State
OKEECHOBEE FL

4. FEI Number **37-1437740**

Applied For
 Not Applicable

Zip **34972** Country **USA**

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

6. Name and Address of Current Registered Agent
**SCHREIER, SHIRLEY
 13070 SE 34TH STREET
 OKEECHOBEE FL 34974**

7. Name and Address of New Registered Agent

Name **SCHREIER, Shirley**

Street Address (P.O. Box Number is Not Acceptable)
12575 Hwy 70-E

City **OKEECHOBEE FL** Zip Code **34972**

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: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004
Make Check Payable to Florida Department of State.

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SCHREIER, SHIRLEY	
STREET ADDRESS	13070 SE 34TH STREET	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHREIER, SHIRLEY	
STREET ADDRESS	12575 Hwy 70-E	
CITY-ST-ZIP	OKEECHOBEE, FL 34972	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Shirley Schreier **Shirley SCHREIER** **8/24/04** **(863) 697-0290**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #