

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000022205

FILED
Mar 25, 2008
Secretary of State**Entity Name:** BAY LEAF PLANT COMPANY**Current Principal Place of Business:**115 PEEPLES ROAD
LAKE COMO, FL 32157 US**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 371
LAKE COMO, FL 32157 US**New Mailing Address:****FEI Number:** 72-1550646**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**COX, SHARON D
115 PEEPLES ROAD
LAKE COMO, FL 32157 US**Name and Address of New Registered Agent:**COX, KEN L
115 PEEPLES ROAD
LAKE COMO, FL 32157 US

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.

SIGNATURE: KENNETH L. COX

03/25/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: COX, SHARON D
Address: 115 PEEPLES ROAD
City-St-Zip: LAKE COMO, FL 32157 US**Title:** S/T () Delete
Name: COX, KEN L
Address: 115 PEEPLES ROAD
City-St-Zip: LAKE COMO, FL 32157 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change () Addition
Name: COX, KENNETH L
Address: 115 PEEPLES ROAD
City-St-Zip: LAKE COMO, FL 32157 US**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH L. COX

P

03/25/2008

Electronic Signature of Signing Officer or Director

Date