

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 20, 2004 8:00 am
Secretary of State

04-09-2004 90067 032 ***150.00

66423188



MOORE CR2E034 (11/03)

DOCUMENT # P03000036460 1. Entity Name WONDERPLANTS, INC.					
Principal Place of Business 4795 61 ST S LAKE WORTH FL 33463			Mailing Address 4795 61 ST S LAKE WORTH FL 33463		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FCI Number 57-1167285				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WALPOLE, J. HONIE 4795 61 ST S LAKE WORTH FL 33463			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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALPOLE, J. HONIE 4795 61 ST S LAKE WORTH FL 33463	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: J. Honie Walpole <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/7/04 5619674486 <small>Date Daytime Phone</small>		



Attachment

66423188

wonderplants, 4795 - 61 St S, Lake Worth, FL 33460
561-967-4486 and 967-4493 fax

5/18/04

Annual Reports Section
Div of Corp's, FI State of
Box 6327
Tallahassee, FL 32314

Re: wonderplants, inc.; your letter of 4/13/04, ref# PO3000036460 (cc enclosed)

When I filed the annual report and enclosed my check to pay for 2004 I had someone else do this for me as I fell off the back of a semi tractor trailer and broke both long forearm bones of my right hand. I did enclose a notarized copy of my left-handed signature, as my right hand was un-useable. I do apologize that they didn't insert the new EIN #57-1167285.

My son stopped by today to open mail and I discovered your letter. I, of course, immediately called the phone number on the letter and a Mr Gary was very helpful and nice. He advised me that if I explained that I was hospitalized from a severe injury your Dept would not charge me the late fee. So, I do hope that you will accept my corrected form for 2004 and not charge me the \$400. late fee.

Thanking you in advance,

J Honie Walpole

J Honie Walpole 561 967 4486LL 967 4493fax
4795 - 61 St S, Lake Worth, FL 33463

Wsc\mylazdat\wonderplants\FIDeptDivCorpsLtrReqEin04Late051804

Attachment



J Honie & Henry W Walpole, 4795 - 61 St S, Lake Worth, FL 33460
561-967-4486 and 967-4493 fax

66423188

#P03000036460

INJURY TO J HONIE WALPOLE RIGHT HAND
LEFT HANDED SIGNATURE

J Honie Walpole R Walpole 3/20/04
J Honie Walpole 561 967 4486LL 967 4493fax 3/30/04

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Barbara Reed
Commission # DD035743
Expires Nov. 14, 2005
Bonded thru
Atlantic Bonding Co., Inc.

Barbara Reed