## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Jul 20, 2005 8:00 am **Secretary of State DOCUMENT # P03000088618** 1. Entity Name 07-20-2005 90026 036 \*\*\*150.00 HERBS N SPICES, INC. Principal Place of Business Mailing Address 11701 PINE TIMBER LANE 11701 PINE TIMBER LANE 50056315 FORT MYERS, FL 33913 US FORT MYERS, FL 33913 2155 ANDREA IN 2155 ANDREA LN Suite, Apt. #, etc. Suite, Apt. #, etc. 06302005 Chg-P CR2E034 (10/03) City & State 4. FEi Number Applied For MYERS 30-0190456 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRISWINSKI, LINDA J Street Address (P.O. Box Number is Not Acceptable) 11701 PINE TIMBER LANE FORT MYERS, FL 33913 City Zip Code 8. The above named entity sybmits 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 reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 7, 2005 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 IMF VΡ PRESIDENT Delete TITLE Change GRISWINSKI, LINDA J GRISWINSKI, LINDA HAME HAME 11701 PILLE TIMBER LANE FORT MYERS, FL 33913 11701 PINE TIMBER LANE STREET ADORESS STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33913 CITY-ST-78P ₩ Delete TITLE TITLE ☐ Change Addition THEYER, MARK A ROBINSON, SHARON D HAME HALE 246 CYNTHIA IN STREET ADDRESS 11701 PINE TIMBER LANE STREET ADDRESS CAMPBELLO, S.C. 29332 CITY-ST-ZIP FORT MYERS, FL 33913 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition HALLE MALA STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7P TITLE ☐ Delete TM F ☐ Change ■ Addition NAME NAME STREET ADORESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete MLE ☐ Change ☐ Addition HARE шь STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-51-7IP 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 SIGNATURE:

FILED