2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other

SIGNATURE:

Mar 08, 2004 8:00 am Secretary of State DOCUMENT # P03000128068 03-08-2004 90022 037 ***150.00 PLANTS & PLANS, INC. Principal Place of Business Mailing Address 780 CHERRY GROVE ROAD ORANGE PARK FL 32073 780 CHERRY GROVE ROAD ORANGE PARK FL 32073 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State Applied For Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MORLOCK, WERNER RUDOLF II 780 CHERRY GROVE ROAD Street Address (P.O. Box Number is Not Acceptable) **ORANGE PARK FL 32073** 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 obliga SIGNATURE gent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Addition ☐ Delete MORLOCK, WERNER RUDOLF NAME NAME STREET ADDRESS STREET ADDRESS 780 CHERRY GROVE ROAD CITY-ST-ZIP **ORANGE PARK FL 32073** CITY-ST-ZIP TITE F ☐ Delete ☐ Addition TITLE ☐ Change NAME MORLOCK, JULIE RHEAUME NAME 780 CHERRY GROVE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ORANGE PARK FL 32073** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED

Daylime Phone #