

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000136491

1. Entity Name  
THE TEA PLANTATION & FLORAL BOUTIQUE, INC.



Principal Place of Business  
1101 CANAL STREET  
THE VILLAGES, FL 32162

Mailing Address  
1101 CANAL STREET  
THE VILLAGES, FL 32162

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

082007

Chg-P

CR2E034 (12/06)

4. FEI Number

16-1693295

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUMMERFIELD, JOHN  
1101 CANAL ST  
THE VILLAGES, FL 32162

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SUMMERFIELD, JOHN	
STREET ADDRESS	1101 CANAL STREET	
CITY- ST- ZIP	THE VILLAGES, FL 32162	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUMMERFIELD, JANICE	
STREET ADDRESS	1101 CANAL STREET	
CITY- ST- ZIP	THE VILLAGES, FL 32162	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MULLIGAN, JUNE B	
STREET ADDRESS	1101 CANAL STREET	
CITY- ST- ZIP	THE VILLAGES, FL 32162	
TITLE	Delete	<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	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARIAN WHITEHEAD	
STREET ADDRESS	1101 CANAL ST	
CITY- ST- ZIP	THE VILLAGES, FL 32162	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROY WHITEHEAD	
STREET ADDRESS	1101 CANAL ST	
CITY- ST- ZIP	THE VILLAGES, FL 32162	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANILE SUMMERFIELD	
STREET ADDRESS	1101 CANAL ST	
CITY- ST- ZIP	THE VILLAGES, FL 32162	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN SUMMERFIELD	
STREET ADDRESS	1101 CANAL ST	
CITY- ST- ZIP	THE VILLAGES, FL 32162	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200105295582	
STREET ADDRESS	07/03/07--01015--004 **70.00	
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 exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6. 22. 07

FILED

07 JUN 25 PM 12: 06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

