

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 06, 2008 8:00 am**  
**Secretary of State**

05-06-2008 90030 004 \*\*\*150.00

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

1st MOORE

CR2E034 (10/07)

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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 checked="" type="checkbox"/> Delete
NAME	SUMMERFIELD, JOHN	
STREET ADDRESS	1101 CANAL STREET	
CITY-ST-ZIP	THE VILLAGES FL 32162	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SUMMERFIELD, JANICE	
STREET ADDRESS	1101 CANAL STREET	
CITY-ST-ZIP	THE VILLAGES FL 32162	
TITLE	S	<input type="checkbox"/> Delete
NAME	WHITEHEAD, MARIAN	
STREET ADDRESS	1101 CANAL STREET	
CITY-ST-ZIP	THE VILLAGES FL 32162	
TITLE	V	<input type="checkbox"/> Delete
NAME	WHITEHEAD, ROY	
STREET ADDRESS	1101 CANAL STREET	
CITY-ST-ZIP	THE VILLAGES FL 32162	
TITLE	P	<input type="checkbox"/> Delete
NAME	SUMMERFIELD, JANICE	
STREET ADDRESS	1101 CANAL ST.	
CITY-ST-ZIP	THE VILLAGES FL 32162	
TITLE	T	<input type="checkbox"/> Delete
NAME	SUMMERFIELD, JOHN	
STREET ADDRESS	1101 CANAL ST.	
CITY-ST-ZIP	THE VILLAGES FL 32162	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
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 Section 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

JOHN SUMMERFIELD

4.20.08

352-751-6825

Date

Daytime Phone #