


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 12, 2006 8:00 am**  
**Secretary of State**

06-12-2006 90003 028 \*\*\*150.00

DOCUMENT # P04000165102					
1. Entity Name PLANTS-N-YOUR PALM INC.					
Principal Place of Business 7713 NW 60TH LANE PARKLAND, FL 33067		Mailing Address 7713 NW 60TH LANE PARKLAND, FL 33067			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-2608086	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MATSCHNER, BRITT 7713 NW 60TH LANE PARKLAND, FL 33067			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing <b>\$5.00</b> May Be <input type="checkbox"/> Trust Fund Contribution. <input type="checkbox"/> Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MATSCHNER, BRITT	NAME			
STREET ADDRESS	7713 NW 60TH LANE	STREET ADDRESS			
CITY-ST-ZIP	PARKLAND, FL 33067	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: <i>Britt P. Matschner</i>		Date: 6/2/06		Daytime Phone #: 954-752-8174	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

40000



05262006 Chg-P CR2E034 (11/05)

www.sunbiz.org

Division of Corporations

Annual Report

Annual Report Help

Document Number P04000165102 Business Entity Name PLANTS-N-YOUR PALM INC.

After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number 202608086
FEI Number Status Listed Above Applied For Not Applicable
Certificate of Status Desired Yes No \$8.75 each
Election Campaign Financing Trust Fund Contribution Yes No

Principal Place of Business

Address 7713 NW 60TH LANE
Suite, Apt. #, etc.
City, State PARKLAND FL
Zip Code & Country 33067

Mailing Address

Address 7713 NW 60TH LANE
Suite, Apt. #, etc.
City, State PARKLAND FL
Zip Code & Country 33067

Name and Address of Registered Agent

Name (Last, First, Middle, Title) MATSCHNER BRITT

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 7713 NW 60TH LANE
Suite, Apt. #, etc.
City, State PARKLAND FL
Zip Code & Country

ATTACHMENT

40095273

33067 US

# P04/000165102

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

*Sue Matschner*

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title D  
Name (Last, First, Middle, Title) MATSCHNER BRITT

- OR -

Entity Name to serve as Officer/Director

Street Address 7713 NW 60TH LANE  
City, State PARKLAND FL  
Zip, Code & Country 33067

Title  
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address  
City, State  
Zip Code & Country

Title  
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address  
City, State

ATTACHMENT 40095273  
#P8408065102

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title President

Officer/Director Signature Burt Matkner

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that