


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 25, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90279 045 \*\*\*150.00

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| <b>DOCUMENT # P05000056001</b>   |  |   |  |
| 1. Entity Name<br>DJ'S INTERIOR TROPICAL PLANTS, INC.  |  |  |  |
| Principal Place of Business<br>2733 12TH STREET NORTH<br>ST. PETERSBURG FL 33704   |  | Mailing Address<br>2733 12TH STREET NORTH<br>ST. PETERSBURG FL 33704   |  |
| 2. Principal Place of Business<br>P.O. Box 7174<br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br>P.O. Box 7174<br>Suite, Apt. #, etc.   |  |
| City & State<br>St. Petersburg<br>Zip<br>33734<br>Country<br>USA   |  | City & State<br>St. Petersburg<br>Zip<br>33734<br>Country<br>USA   |  |
| 4. FEI Number<br>20-2703842  |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired<br><input type="checkbox"/> \$8.75 Additional Fee Required  |  | 1st MOORE CR2E034 (10/05)  |  |
| 6. Name and Address of Current Registered Agent<br>HALE, FRED H<br>5650 PARK BLVD.<br>STE 1<br>PINELLAS PARK FL 33781-3354   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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.<br>SIGNATURE <u>Jennifer J. Moody</u> <u>Jennifer J. Moody</u> DATE <u>27 APR 06</u><br><small>(Signature, typed or printed name of registered agent and date of filing) (NOT: Registered Agent's signature required when filing statement)</small>  |  |  |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2006 Fee Will Be \$550.00<br>Make Check Payable to Florida Department of State   |  | 9. Election Campaign Financing<br>Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees                  |  |
| 10. OFFICERS AND DIRECTORS   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP  | D<br>MOODY, JENNIFER J<br>2733 12TH STREET NORTH<br>ST. PETERSBURG FL 33704<br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP  | Vice President<br>David S. Hood<br>P.O. Box 7174<br>St. Petersburg, FL 33734<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
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| 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: <u>Jennifer J. Moody</u> <u>Jennifer J. Moody</u> DATE <u>27 APR 06</u> <u>3627</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  | <small>Date</small> <small>Signature Printed</small>   |  |