

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000058145

Entity Name: PLANT A SMILE FOLIAGE, INC.

FILED  
Feb 09, 2012  
Secretary of State

**Current Principal Place of Business:**

30329 CR 437  
SORRENTO, FL 32776

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 357  
SORRENTO, FL 32776

**New Mailing Address:**

FEI Number: 20-2801878

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STUTZMAN, MICHELLE I PRES  
30329 CR 437  
SORRENTO, FL 32776 US

**Name and Address of New Registered Agent:**

STUTZMAN, MICHELLE I PRES  
30329 COUNTY RD 437  
SORRENTO, FL 32776 US

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

02/09/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: STUTZMAN, MICHELLE  
Address: P O BOX 357  
City-St-Zip: SORRENTO, FL 32776

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHELLE STUTZMAN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PSTD

02/09/2012

\_\_\_\_\_  
Date