

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000081905

FILED
Apr 21, 2009
Secretary of State

Entity Name: NORTH FLORIDA PLANT FACTORY, INC.

Current Principal Place of Business:

8200 OAK BLUFF ROAD
ST AUGUSTINE, FL 32092 US

New Principal Place of Business:

Current Mailing Address:

8200 OAK BLUFF ROAD
ST AUGUSTINE, FL 32092 US

New Mailing Address:

FEI Number: 26-0554796

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THARP, JAMES R
8200 OAK BLUFF ROAD
ST. AUGUSTINE, FL 32092 US

Name and Address of New Registered Agent:

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

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: THARP, JAMES R
Address: 8200 OAK BLUFF ROAD
City-St-Zip: ST. AUGUSTINE, FL 32092 US

Title: VP (X) Delete
Name: BLANDFORD, ROBERT J
Address: 3278 BYON ROAD
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

Title: S () Delete
Name: THARP, JAMES R
Address: 8200 OAK BLUFF ROAD
City-St-Zip: ST. AUGUSTINE, FL 32092 US

Title: T () Delete
Name: BLANDFORD, ROBERT J
Address: 3278 BYON ROAD
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: THARP, MICHELLE
Address: 8200 OAK BLUFF ROAD
City-St-Zip: ST. AUGUSTINE, FL 32092 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHELLE THARP

T

04/21/2009

Electronic Signature of Signing Officer or Director

Date