
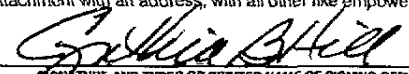


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P92000000737																																		
1. Entity Name FLORIDA NATIVE FLORA, INC.																																		
Principal Place of Business 6839 OLD POLK CITY RD LAKELAND, FL 33810 US		Mailing Address P O BOX 2291 LAKELAND, FL 33806 US																																
<div style="display: flex; justify-content: space-between;"> <div> <p>6. Name and Address of Current Registered Agent</p> <p>HILL, CYNTHIA B 1025 SUCCESS AVENUE LAKELAND, FL 33803</p> </div> <div> <p>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.</p> <p>SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)</small></p> </div> </div>																																		
<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>																																
<p>10. OFFICERS AND DIRECTORS</p> <table border="1"> <tr> <td>TITLE</td> <td>DPTS</td> </tr> <tr> <td>NAME</td> <td>HILL, CYNTHIA B</td> </tr> <tr> <td>STREET ADDRESS</td> <td>P.O. BOX 2291</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKELAND, FL 33806</td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	DPTS	NAME	HILL, CYNTHIA B	STREET ADDRESS	P.O. BOX 2291	CITY-ST-ZIP	LAKELAND, FL 33806	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
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<p>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.</p> <p>SIGNATURE:  4/23/04 863-853-8695</p> <p><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></p>																																		



04222004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3150828	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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04/26/04-80149-007 150.00