


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 14, 2005 08:00 AM**  
**Secretary of State**

|   |         |   |         |
|---|---------|---|---------|
| DOCUMENT # P93000084078   |         |  |         |
| 1. Entity Name<br>PLANT SOLUTIONS, INC  |         |   |         |
| Principal Place of Business<br>7333 HYPOLUXO FARMS RD.<br>LAKE WORTH FL 33463 |         | Mailing Address<br>7333 HYPOLUXO FARMS RD.<br>LAKE WORTH FL 33463                 |         |
| 2. Principal Place of Business  |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.   |         | Suite, Apt. #, etc.   |         |
| City & State  |         | City & State  |         |
| Zip   | Country | Zip   | Country |



1st MOORE CR2E034 (10/04)

|  |  |  |  |
|--|--|--|--|
| 4. FEI Number<br>65-0453803  |  | Applied For<br><input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |  |  |

|  |  |  |  |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent<br><br>MARQUEZ, MARGARET<br>7333 HYPOLUXO FARMS<br>LAKE WORTH FL 33463 |  | 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution:  \$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 - ST - ZIP | PSDC<br>MARQUEZ, MARGARET<br>7333 HYPOLUXO FARMS RD.<br>LAKE WORTH FL 33463 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>110000022422<br>02/15/05-80009-001 1050.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | T<br>MARQUEZ, MARGARET<br>7333 HYPOLUXO FARMS RD.<br>LAKE WORTH FL 33463 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | V<br>MARQUEZ, LIONEL<br>7333 HYPOLUXO FARMS RD.<br>LAKE WORTH FL 33463 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 any other like empowered.

SIGNATURE: *Margaret Marquez* Date: 2/07/05 Telephone: 361 642 9600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR