

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # P93000088844

1. Entity Name

SOUTH FLORIDA TROPICAL PLANTS, INC.



Principal Place of Business

2807 NORTH UNIVERSITY DR.
HOLLYWOOD FL 33024
US

Mailing Address

2807 NORTH UNIVERSITY DR.
HOLLYWOOD FL 33024
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

65-0456725

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCOFIELD, GARY JAMES
2807 NORTH UNIVERSITY DR.
HOLLYWOOD FL 33023

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

Gary J. Scofield

V.P.

2-27-08

Signature of individual or corporation that registered agent of State of Florida.

NOTE: Registered Agent signature required when changing.

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

DP
SCOFIELD, DAVID JOHN
11321 NW 62 COURT
HOLLYWOOD FL 33021

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

DV
SCOFIELD, GARY JAMES
7760 NW 15 COURT
PEMBROKE PINES FL 33024

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

1000000846241
03/18/08-80020-005 150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

DST
SCOFIELD, KATHRYN ANN
7760 NW 15 COURT
PEMBROKE PINES FL 33024

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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:

David J. Scofield

DAVID J. SCOFIELD

1/28/08

954-432-7302

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone