

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000088844

**FILED**  
**Jan 24, 2012**  
**Secretary of State**

**Entity Name:** SOUTH FLORIDA TROPICAL PLANTS, INC.

**Current Principal Place of Business:**

2807 NORTH UNIVERSITY DR.  
HOLLYWOOD, FL 33024 US

**New Principal Place of Business:**

**Current Mailing Address:**

2807 NORTH UNIVERSITY DR.  
HOLLYWOOD, FL 33024 US

**New Mailing Address:**

**FEI Number:** 65-0456725

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCOFIELD, GARY JAMES  
2807 NORTH UNIVERSITY DR.  
HOLLYWOOD, FL 33024 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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: SCOFIELD, DAVID JOHN  
Address: 11321 NW 62 COURT  
City-St-Zip: HOLLYWOOD, FL 33021

Title: DV  
Name: SCOFIELD, GARY JAMES  
Address: 7760 NW 15 COURT  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: DST  
Name: SCOFIELD, KATHRYN ANN  
Address: 7760 NW 15 COURT  
City-St-Zip: PEMBROKE PINES, FL 33024

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: DAVID J SCOFIELD

D

01/24/2012

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

\_\_\_\_\_  
Date