

# 2004 FORT PROFT CORPORATION ANNUAL REPORT

DOCUMENT # P95000091387

1. Entity Name  
SIMPLE ORGANIC SOLUTIONS, INC.



**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90206 001 \*\*\*150.00

Principal Place of Business  
G. WADE TAYLOR  
4900 MANGO BLVD.  
WEST PALM BEACH, FL 33411

Mailing Address  
G. WADE TAYLOR  
4900 MANGO BLVD.  
WEST PALM BEACH, FL 33411

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04182004

Chg-P

CR2E034 (10/03)

4. FEI Number  
65-0622790

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

TAYLOR, G. WADE  
4900 MANGO BLVD.  
WEST PALM BEACH, FL 33411

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00

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 P  
NAME TAYLOR, WADE G.  
STREET ADDRESS 4900 MANGO BLVD.  
CITY-ST-ZIP WEST PALM BEACH, FL 33411 ☐ Delete

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

TITLE V  
NAME TAYLOR, WADE JESSE  
STREET ADDRESS 4900 MANGO BLVD.  
CITY-ST-ZIP WEST PALM BEACH, FL 33411 ☐ Delete

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

TITLE T/S  
NAME TAYLOR, LEE SUSAN  
STREET ADDRESS 4900 MANGO BLVD.  
CITY-ST-ZIP WEST PALM BEACH, FL 33411 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUSAN LEE TAYLOR, Treas/Sec'y

4/23/04

Date

561 791 8051

Daytime Phone #