

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000094738

FILED
Jan 08, 2009
Secretary of State

Entity Name: FLORIDA NATIVE PLANTS, INC.

Current Principal Place of Business:

730 MYAKKA ROAD
SARASOTA, FL 34240

New Principal Place of Business:

Current Mailing Address:

730 MYAKKA ROAD
SARASOTA, FL 34240

New Mailing Address:

FEI Number: 65-0638867 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KUNKEL, JANICE I
730 MYAKKA ROAD
SARASOTA, FL 34240 US

Name and Address of New Registered Agent:

SCHILLER, LAUREL
730 MYAKKA ROAD
SARASOTA, FL 34240 US

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: LAUREL SCHILLER

01/08/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: WALTON, DANIEL C
Address: 2564 COLORADO STREET
City-St-Zip: SARASOTA, FL 34237

Title: PD () Delete
Name: SCHILLER, LAUREL
Address: 405 ARMADA RD. S
City-St-Zip: VENICE, FL 34285

Title: TSD (X) Delete
Name: KUNKEL, JANICE
Address: 4783 RINGWOOD MEADOW
City-St-Zip: SARASOTA, FL 34235

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LAUREL SCHILLER

PD

01/08/2009

Electronic Signature of Signing Officer or Director

Date