

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-28-2004 90282 041 ***150.00



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1. Entity Name

REDLAND PROFESSIONAL ORCHID GROWERS, INC.

Principal Place of Business

26505 SW 203 AVE
 HOMESTEAD FL 33031

Mailing Address

26505 SW 203 AVE
 HOMESTEAD FL 33031

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE CR2E034 (11/03)

4. FEI Number **65-0697308**

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

RANDALL, ROBERT
 26505 SW 203 AVE
 HOMESTEAD FL 33031

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

ROBERT RANDALL PRES.

4/24/04
 DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	D	<input type="checkbox"/> Delete
NAME	BRETSNYDER, LYNN	
STREET ADDRESS	14400 SW 248 ST	
CITY-ST-ZIP	PRINCETON FL 33032	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PETERS, BILL	
STREET ADDRESS	18755 SW 248 ST	
CITY-ST-ZIP	HOMESTEAD FL, 33031	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RANDALL, ROBERT	
STREET ADDRESS	26505 SW 203 AVE	
CITY-ST-ZIP	HOMESTEAD FL 33031	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CAMERON, KEN	
STREET ADDRESS	26620 SW 203 AVE	
CITY-ST-ZIP	HOMESTEAD FL, 33031	
TITLE	D	<input type="checkbox"/> Delete
NAME	BALDAN, BARBARA	
STREET ADDRESS	20075 SW 10 AVE	
CITY-ST-ZIP	HOMESTEAD FL 33187	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOTES, MARTIN	
STREET ADDRESS	25000 SW 162 AVE	
CITY-ST-ZIP	HOMESTEAD FL 33031	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSE EXPOSITO	
STREET ADDRESS	25750 SW 177th AVE	
CITY-ST-ZIP	HOMESTEAD FL 33031	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT RANDALL **4/24/04** **3052555568**
 Date Daytime Phone #