


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90148 022 ***150.00

DOCUMENT # P96000078931					
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
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRETSNYDER, LYNN		NAME	JOSE L. EXPOSITO	
STREET ADDRESS	14400 SW 248 ST		STREET ADDRESS	25750 S.W. 177 AVENUE	
CITY-ST-ZIP	PRINCETON, FL 33032		CITY-ST-ZIP	HOMESTEAD, FL 33031	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERS, BILL		NAME		
STREET ADDRESS	18755 SW 248 ST		STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD, FL 33031		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDALL, ROBERT		NAME		
STREET ADDRESS	26505 SW 203 AVE		STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD, FL 33031		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMERON, KEN		NAME		
STREET ADDRESS	26620 SW 203 AVE		STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD, FL 33031		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALDAN, BARBARA		NAME		
STREET ADDRESS	20075 SW 10 AVE		STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD, FL 33187		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOTES, MARTIN		NAME		
STREET ADDRESS	25000 SW 162 AVE		STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD, FL 33031		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: <i>Kenneth R. Cameron</i>			Date: <i>4/26/05 (305) 246-2473</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

ZU034323



01122005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0697308 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required