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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P96000095563**

1. Corporation Name

HERBS PLUS, INC.

Principal	Place	of	Business

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90251 050 ***150.00



Principal Place	of Business	Mailing Address						
5946 RED BUG	LAKE ROAD	5946 RED BUG LAKE ROAD						
WINTER SPRING	6S FL 32708	WINTER SPRINGS FL 32708			DO NOT I	VRITE IN THIS	SDACE	
ı							STACE	
					 Date Incorporated or Quali 11/22/1996 	icu		
		7 - 44 75 - 444			4. FEI Number		17	Applied For
2. Principal Pl	ace of Business	2a. Mailing Address			l l			
21		26		<u> </u>	59-3419689			Not Applicable Additional
Suite, Apt:	#, etc	Suite, Apt. #, etc.			5. Certifcate of Status Desired	d 🗆		Required
22		27						
City & State	e	City & State			Election Campaign Finance Trust Fund Contribution	^{Ing} □	•	May Be d to Fees
23		28	Coun	<u> </u>				d to rees
Zip	Country	Zip	Coun	uy	8. This corporation owes the	current year inc	angibie ⊠ Yes	□No
24	25		<u> </u>		Personal Property Tax. 10. Name and Address of Ne	w Registered		
	9. Name and Address of Current	Registered Agent		81 Name		1108.0100		
ULEN	MONS, RICHARD S			- Name				
	RED BUG LAKE ROAD			82 Stree	t Address (P.O. Box Number is Not Acc	eptable)		
	TER SPRINGS FL 32708			02				
WIN I	IEN STRINGS FL 32/00			63				1
			}	84 City		FL	85 Zi	p Code
		1007 4500 Ft 1/4 Ot-but-			d correction submits this statement for		changing	its registered
l office or r	enistered agent or both in the State o	f Florida. Such change was aut	nonzea	DV the cor	d corporation submits this statement for poration's board of directors. I hereby a	ccept the appoi	ntment as	registered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	da Statu	tes.				}
SIGNATURE	• •							
SIGNATURE		MOTE: 5			required when reinstation)	DATE		í
	Signature, typed or printed name of registered agent			gent signature	e required when reinstating) ADDITIONS/CHANGES TO	OFFICERS AN	ID DIREC	TORS IN 12
12.	OFFICERS AND	DIRECTORS	13.		a required when reinstating) ADDITIONS/CHANGES TO		ID DIREC	
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CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered. CITY-ST-ZIP

SIGNATURE:

407-696-4372