

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000030547

**FILED**  
**Feb 07, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA NATIVE PRODUCTS & EQUIPMENT SERVICES, INC.

**Current Principal Place of Business:**

21189 S.W. WARFIELD  
INDIANTOWN, FL 34956

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2134  
OKEECHOBEE, FL 34973

**New Mailing Address:**

**FEI Number:** 65-0759444

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEWIS, VALERIE  
405 NW 4TH AVE  
OKEECHOBEE, FL 34972 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VSD  
Name: CREWS, PAULA  
Address: 21189 S.W WARFIELD BLVD  
City-St-Zip: INDIANTOWN, FL 34956

Title: PD  
Name: CREWS, R. MARK  
Address: PO B O X 2134  
City-St-Zip: INDIANTOWN, FL 34956

I hereby 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 all other like empowered.

SIGNATURE: PAULA CREWS

VSD

02/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date