## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## DOCUMENT # P97000066895

1. Entity Name

PLANT PEOPLE OF NORTH FLORIDA, INC.



FILED
Apr 30, 2007 08:00 AM
Secretary of State

· · · · · · · · · · · · · · · · · · ·									
Principal Place of Business Mailing Address 3060 LEON ROAD 3458 EUNICE JACKSONVILLE FL 32246 JACKSONVILLE BCH FL 322				50					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #. etc.		Suite, Apt. #, etc.			1st MOORE CR2E034 (10/06)				
City & Stato		· City & Stato			4. FEI Numb	<sup>59-3459603</sup>		ppliod For ot Applicable	
Zip	Country	Zip Count		itry .	5. Certificate of Status Desired				
	6. Name and Address of Current	Registered Agent			7. Name an	d Address of New Registere	d Agent		
шан	MILTON CHARLES	Name							
345	MILTON, CHARLES 8 EUNICE CKSONVILLE BCH FL 32250	)			Stroot Address (P.O. Box Numbor is Not Acceptable)				
				City	•	F	L Zip Coo	10	
	named entity submits this statement for ions of registered agent.	r the purpose of changing its	register	od office or registor	ed agent, or be	oth, in the State of Florida. I a	m familiar with,	and accept	
SIGNATURE.	Signature, typed or printed name of registered agent	and title it applicable. (NOT	E: Registere	d Agent signature required	when reinstating)	DATE			
F	ILE NOW!!! FEE IS \$150.00				<del></del>				
After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State						<ol> <li>Election Campaign Fina Trust Fund Contribution.</li> </ol>		.00 May Be ed to Fees	
	<u> </u>				ADDITIONS	VOLUME TO OFFICE DO A	UD DIDECTOR	IC (N) 44	
IITLE	OFFICERS AND	DIRECTORS Delete	<b>11.</b> BJU		ADDITIONS	/CHANGES TO OFFICERS A	Change	Addition	
NAME	HAMILTON, LINDA	L. Detete	NAMI				☐ Change		
STRUE ADDRESS	3458 EUNICE			ET ADDRESS					
CITY-SI-ZIP	LA CIVOCA II WILL FOR LA COCCEO		CITY	- SI - ZIP	U00000742553				
TITLE	VP Delete 1/11		100		U00000742553 05/15/07-80074-016 ∰@jan@ □ Addition				
NAME	HAMILTON, CHARLES		NAMI	ε					
STREET ADDRESS	3458 EUNICE			ET ADDRESS					
CITY · ST - 7IP	JACKSONVILLE FL 32250		CITY	-SI-ZIP					
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NAME STREET ADDRESS			NAME						
CITY-S1-7IP				ET ADDRESS • ST - ZIP				1	
	cortify that the information supplied wit	h this filing does not qualify			d in Section 11	IQ Florida Statutos I further o	ortify that the	information	

12. I heroby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 eath; 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:

9 M CL LAMULTAL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNI

pres.

4123/07

904-223-3124