

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

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

04-20-1999 90241 004 \*\*\*158.75

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1. Corporation Name

PSL HERBS & MORE, INC.

Principal Place of Business

374 SE PORT ST. LUCIE BLVD.  
PORT ST. LUCIE FL 34984

Mailing Address

374 SE PORT ST. LUCIE BLVD.  
PORT ST. LUCIE FL 34984

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/20/1998

4. FEI Number

65-0830524

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be -  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒

No

2. Principal Place of Business

2a. Mailing Address

21 394 SE Port St Lucie Blvd  
Suite, Apt. #, etc.

26 394 SE Port St Lucie Blvd  
Suite, Apt. #, etc.

22 City & State

23 Port St Lucie FL 34984

27 City & State

28 Port St Lucie FL

24 Zip

34984

Country

29 Zip

34984

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PENTA, LOUIS L  
374 SE PORT ST. LUCIE BLVD.  
PORT ST. LUCIE FL 34984

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

394 SE Port St Lucie Blvd

83

84 City

Port St Lucie

FL

85 Zip Code

34984

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Louis L Penta* Louis L Penta President

4/13/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVT  
NAME PENTA, LOUIS L  
STREET ADDRESS 374 SE PORT ST. LUCIE BLVD.  
CITY-ST-ZIP PORT ST. LUCIE FL 34984

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

394 SE Port St Lucie Blvd

TITLE S  
NAME PENTA, SANDRA J  
STREET ADDRESS 374 SE PORT ST. LUCIE BLVD.  
CITY-ST-ZIP PORT ST. LUCIE FL 34984

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

394 SE Port St Lucie Blvd

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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.

SIGNATURE:

*Louis L Penta* SIGNATURE

4/13/99

561 878-0200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)