

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000095691

1. Entity Name

PLANT CITY FRESH HERBS, INC.



Principal Place of Business

4401 HAWKINS ROAD SOUTH
PLANT CITY, FL 33567

Mailing Address

4401 HAWKINS ROAD SOUTH
PLANT CITY, FL 33567

FILED

05 JAN 18 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3542457

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET, 4TH FLOOR
MIAMI, FL 33145

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MOORER, GAYLE R
STREET ADDRESS 4401 HAWKINS ROAD SOUTH
CITY-ST-ZIP PLANT CITY, FL 33567

TITLE VSD
NAME MOORER, JOHN A
STREET ADDRESS 4401 HAWKINS ROAD SOUTH
CITY-ST-ZIP PLANT CITY, FL 33567

TITLE VTD
NAME COHEN, GARRY A
STREET ADDRESS 4401 HAWKINS ROAD SOUTH
CITY-ST-ZIP PLANT CITY, FL 33567

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CITY-ST-ZIP

200045552702
01/28/05--01011--003 **150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Gayle Moorer Gayle Moorer

Date

Daytime Phone #