


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE



01062007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3542457	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MOORER, GAYLE R 4401 HAWKINS ROAD SOUTH PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MOORER, JOHN A 4401 HAWKINS ROAD SOUTH PLANT CITY, FL 33567
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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 1-15-07 813-732-4718

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #