
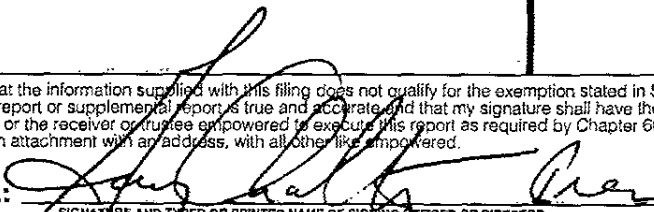


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000097789 1. Entity Name CAPTIVE PLANTS, INC.				
Principal Place of Business 750 EAST KEENE ROAD APOPKA, FL		Mailing Address P.O. BOX 808 SORRENTO, FL 32776		
DO NOT WRITE IN THIS SPACE				
				03112004 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-3545125		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 MCLEOD, RAYMOND A 48 MAIN STREET APOPKA, FL 32703		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____				
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE 1100000107090 04/09/04-80001-007 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHARLTON, GARY D 1236 LAVENHAM CT APOPKA, FL 32712			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>3/22/04</u> Daytime Phone # <u>407-880-7939</u>		