

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 25, 2005 08:00 AM
Secretary of State**

DOCUMENT # P99000050786

1. Entity Name
LET'S GROW TOGETHER, INC.



Principal Place of Business
**33 S.E. 1ST AVE
DELRAY BEACH, FL 33444**

Mailing Address
**33 S.E. 1ST AVE SUITE 101
DELRAY BEACH, FL 33444**



02222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0971836	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	Not Applicable <input type="checkbox"/>

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RICHARDSON, GLORIA C
4754 FOX HUNT TRAIL
BOCA RATON, FL 33487**

**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: *Gloria Richardson*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/22/05

**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	P
NAME	RICHARDSON, GLORIA C
STREET ADDRESS	4754 FOX HUNT TRAIL
CITY - ST - ZIP	BOCA RATON, FL 33487

TITLE	S
NAME	WILSON, MINERVA
STREET ADDRESS	208 N.W. 8TH AVE
CITY - ST - ZIP	DELRAY BEACH, FL 33444

TITLE	T
NAME	MOORE, DUREENE
STREET ADDRESS	10735 EMPEROR ST
CITY - ST - ZIP	BOCA RATON, FL 33428

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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02/25/05-80053-002 158.75

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: *Gloria Richardson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/05 (561) 279-2090
Date Daytime Phone #