

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 23, 2005 08:00 AM
Secretary of State**

DOCUMENT # V29833

**1. Entity Name
PLANT CREATIONS, INC.**



**Principal Place of Business
28301 SW 172 AVENUE
HOMESTEAD, FL 33030 US**

**Mailing Address
28301 SW 172 AVENUE
HOMESTEAD, FL 33030 US**



01172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
65-0329972**

**Applied For
Not Applicable**

**5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MATTHEWS, STAN
28301 SW 172 AVE
HOMESTEAD, FL 33030**

**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)

1100000240459

02/23/05 00013 014 150.00

**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	D
NAME	MATTHEWS, STAN
STREET ADDRESS	28301 SW 172 AVE
CITY - ST - ZIP	HOMESTEAD, FL 33030
TITLE	D
NAME	COOK, KENNETH
STREET ADDRESS	28301 SW 172 AVE
CITY - ST - ZIP	HOMESTEAD, FL 33030
TITLE	D
NAME	SCHROEDER, DAVID A
STREET ADDRESS	28301 SW 172 AVE
CITY - ST - ZIP	HOMESTEAD, FL 33030
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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: *Kenneth Cook* **Kenneth Cook**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/05 **2/21/05** *305-248-8147* **305-248-8147**

Date Daytime Phone #