

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 03, 2004 8:00 am
Secretary of State

08-03-2004 90002 015 ***158.75

DOCUMENT # V54613

1. Entity Name

THE PLANT MANAGER, INC.



Principal Place of Business

223 MIRAMAR DR
LAKELAND FL 33803

Mailing Address

P O BOX 554
LAKELAND FL 33802
US

2. Principal Place of Business

415 Petteway

3. Mailing Address

P.O. Box 554

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland, Florida

City & State

Lakeland, Florida

4. FEI Number

59-3133903

Applied For

Not Applicable

Zip

33805

Country

U.S.A.

Zip

33802

Country

U.S.A.

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUMPH, BRUCE A.
223 MIRAMAR DR
LAKELAND FL 33803

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	RUMPH, BRUCE A.	
STREET ADDRESS	223 MIRAMAR DR	
CITY - ST - ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 officers empowered.

SIGNATURE:

Bruce A. Rumph
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/29/04 863
688-0375



**THE PLANT
MANAGER**
®

863-688-0375

**P.O. Box 554
Lakeland,
Florida
33802-0554**

800-880-7444

July 29, 2004

Florida Dept of State
P.O. Box 6327
Tallahassee, Florida 32314

Re: 2004 For Profit Corporation Annual Report (AR)

Dear Sirs,

Please find enclosed our fee and form for filing our annual report.

We have been instructed by your office to submit in writing an explanation as to why we are not paying the \$400.00 penalty.

We did not receive any other notice except the one that was mailed to us in July. Therefore, we are enclosing the \$150.00 required due by September 8, 2004.

Thank you for your time.

Sincerely,

Bruce A. Rumph
The Plant Manager, Inc

Attachment
54066321
#V54613