# 2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000080470

Entity Name: FLORIDA NATURAL PLANT FOOD, INC.

## **Current Principal Place of Business:**

194 WILL DUKE ROAD WAUCHULA, FL 33873

# **Current Mailing Address:**

194 WILL DUKE ROAD WAUCHULA, FL 33873

## FEI Number: 26-3413040

## Name and Address of Current Registered Agent:

SOUTHWELL, JERALD SII 502 WEST MAIN STREET WAUCHULA, FL 33873 US

#### Certificate of Status Desired: No

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.

#### SIGNATURE:

Electronic Signature of Registered Agent

#### **Officer/Director Detail :**

| Title           | Ρ                  | Title           | VP                 |
|-----------------|--------------------|-----------------|--------------------|
| Name            | BEST, CHARLES E    | Name            | DAVIS, WILLIAM K   |
| Address         | 194 WILL DUKE ROAD | Address         | 194 WILL DUKE ROAD |
| City-State-Zip: | WAUCHULA FL 33873  | City-State-Zip: | WAUCHULA FL 33873  |
| Title           | S/T                |                 |                    |
| Name            | BEST, CHARLES R    |                 |                    |
| Address         | 194 WILL DUKE ROAD |                 |                    |
| City-State-Zip: | WAUCHULA FL 33873  |                 |                    |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

#### SIGNATURE: CHARLES R. BEST

S/T

Date

Electronic Signature of Signing Officer/Director Detail

Date

# FILED Feb 27, 2013 Secretary of State CC8975531883