

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000078931

**Entity Name:** REDLAND PROFESSIONAL ORCHID GROWERS, INC.

**Current Principal Place of Business:**

26505 SW 203 AVE  
HOMESTEAD, FL 33031

**Current Mailing Address:**

26505 SW 203 AVE  
HOMESTEAD, FL 33031

**FEI Number: 65-0697308**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

PETERS, BILL  
18755 SW 248 ST  
HOMESTEAD, FL 33031 US

*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

Date

**Officer/Director Detail :**

Title VD  
Name EXPOSITO, JOSE  
Address 25750 SW 177 AVE  
City-State-Zip: HOMESTEAD FL 33031

Title STD  
Name PETERS, BILL  
Address 18755 SW 248 ST  
City-State-Zip: HOMESTEAD FL 33031

Title PD  
Name RANDALL, ROBERT  
Address 26505 SW 203 AVE  
City-State-Zip: HOMESTEAD FL 33031

Title D  
Name MOTES, MARTIN  
Address 25000 SW 162 AVE  
City-State-Zip: HOMESTEAD FL 33031

*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: BILL PETERS**

**SECRETARY/TREASURER 03/18/2014  
/DIRECTOR**

Electronic Signature of Signing Officer/Director Detail

Date