

FILED  
Apr 27, 2006 08:00 AM  
Secretary of State

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|                                                                                       |                                                                                   |
|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P03000144568</b><br>1. Entity Name<br><b>GREENLAND NURSERY EAST INC</b> |  |
|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

Principal Place of Business  
**1208 WHITE OAK LANE  
FORT PIERCE, FL 34982**

Mailing Address  
**1208 WHITE OAK LANE  
FORT PIERCE, FL 34982**

**DO NOT WRITE IN THIS SPACE**



04242005 No Chg-P CR2E034 (11/05)

|                                                           |                                          |
|-----------------------------------------------------------|------------------------------------------|
| 4. FEI Number<br><b>20-0456712</b>                        | Approved For<br>Not Applicable           |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required |

**6. Name and Address of Current Registered Agent**

**JOHNSON, WILLIAM  
1208 WHITE OAK LN  
FORT PIERCE, FL 34982**

**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 renewing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**1008007536455  
05/08/06-80092-019 150.00**

| 10. OFFICERS AND DIRECTORS                     |                                                                                 |
|------------------------------------------------|---------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P, T<br><b>JOHNSON, WILLIAM<br/>1208 WHITE OAK LN<br/>FORT PIERCE, FL 34982</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 exemptions contained in Chapter 119, 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: William F. Johnson III **WILLIAM F. JOHNSON III** 4-24-06 772 370-0617