2007 FOR PROFIT CORPORATION

FILED May 07, 2007 8:00 am Secretary of State

	AITITOAL	. REPORT	Secretary of State	C	
DOCUMENT # P04000035908 1. Entity Name				05-07-2007 90065 009 ***150.00)
H & W GREENHOUSE REPAIRS INC.					
Principal Place of Bu	einase	Mailing Address	A STATE OF	#0101*3~	
Principal Place of Business 13042 NEW YORK AVE		13042 NEW YORK AVE			
ASTATULA, FL 347	05	ASTATULA, FL 34705			I
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	n-bes-re-tilled		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02182007 Chg-P CR2E034 (12/06)	
City & State		City & State		4. FEI Number Applied For 20-0882972 Not Applied	
Zip	Country	Zip	Country	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		
WEIZENECKED DODIE D			Name		
WEIZENECKER, DORIS R 13042 NEW YORK AVE ASTATULA, FL 34705			Street Addre	ess (P.O. Box Number is Not Acceptable)	
·					
			City	FL Zip Code	
	d entity submits this statement fi registered agent.	or the purpose of changing its	registered office or reg	gistered agent, or both, in the State of Florida. I am familiar with, and acc	ept
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SIGNATURE Signatur	e typed or printed name of registered ager	it and title it applicable. (NOTE	E: Registered Agent signature re	equired whon reinstaturg) DATE	
	WIII FEE 10 \$450 AB				
After May 1,	W!!! FEE IS \$150.00	9. Election Campai		\$5.00 May Be	
	2007 Fee will be \$550			\$5.00 May Be Added to Fees	İ
10.	2007 Fee will be \$550 OFFICERS AND	.00 Trust Fund Contr		Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE CEC	2007 Fee will be \$550 OFFICERS AND	.00 Trust Fund Contr	11.	Added to Fees	dition
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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 attachylent with an address, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR