

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90036 005 ***150.00

DOCUMENT # 310852

1. Entity Name
GREEN THUMB GARDEN CENTER CORPORATION



Principal Place of Business
**3862 CACTUS LANE
MOUNT DORA, FL 32757**

Mailing Address
**3862 CACTUS LANE
MOUNT DORA, FL 32757**

94030196



02052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1207482

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PHILLIPS, GEORGIA M
3862 CACTUS LANE
MOUNT DORA, FL 32757**

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	PHILLIPS, GEORGIA M
STREET ADDRESS	3862 CACTUS LANE
CITY - ST - ZIP	MOUNT DORA, FL
TITLE	D
NAME	GILDER, BEVERLY PHILLIPS
STREET ADDRESS	504 SHETATON DRIVE
CITY - ST - ZIP	ANDALUSIA, AL
TITLE	EVP
NAME	PHILLIPS, RONALD S.
STREET ADDRESS	1802 LENORA DR 330 7th St SE
CITY - ST - ZIP	TALLAHASSEE, FL 32304 Penthouse A Washington, DC 20003
TITLE	D
NAME	JONES, JUDY P.
STREET ADDRESS	3826 CACTUS LN
CITY - ST - ZIP	MOUNT DORA, FL 32757
TITLE	PD
NAME	PHILLIPS, GEORGIA M
STREET ADDRESS	3862 CACTUS LN
CITY - ST - ZIP	MOUNT DORA, FL 32757
TITLE	
NAME	
STREET ADDRESS	
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 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 like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-04

Date

352-383-3704

Daytime Phone #