

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90409 012 ***150.00

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1st MOORE CR2E034 (10/05)

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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1207482	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent PHILLIPS, GEORGIA M 3862 CACTUS LANE MOUNT DORA FL 32757			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
9. 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 <i>Georgia M Phillips</i> <small>Signature of person or principal name of registered agent and not applicable</small>			DATE 3-8-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PHILLIPS, GEORGIA M		NAME		
STREET ADDRESS	3862 CACTUS LANE		STREET ADDRESS		
CITY-ST-ZIP	MOUNT DORA FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GILDER, BEVERLY PHILLIPS		NAME		
STREET ADDRESS	504 SHETATON DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ANDALUSIA AL		CITY-ST-ZIP		
TITLE	EVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PHILLIPS, RONALD S		NAME		
STREET ADDRESS	330 FIFTH ST. SE		STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON DC 20003		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JONES, JUDY P.		NAME		
STREET ADDRESS	3826 CACTUS LN		STREET ADDRESS		
CITY-ST-ZIP	MOUNT DORA FL 32757		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PHILLIPS, GEORGIA M		NAME		
STREET ADDRESS	3862 CACTUS LN		STREET ADDRESS		
CITY-ST-ZIP	MOUNT DORA FL 32757		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Georgia M Phillips</i>			DATE 3-8-06 752-383-3704		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		