



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 310852</b> 1. Entity Name <b>GREEN THUMB GARDEN CENTER CORPORATION</b>	
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Principal Place of Business <b>3862 CACTUS LANE MOUNT DORA, FL 32757</b>	Mailing Address <b>3862 CACTUS LANE MOUNT DORA, FL 32757</b>
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**DO NOT WRITE IN THIS SPACE**



04262007 No Chg-P CR2E034 (11/05)

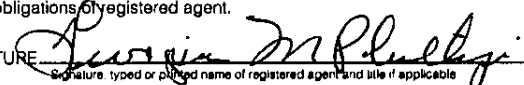
4. FEI Number <b>59-1207482</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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:  DATE: \_\_\_\_\_

(NOTE: Registered Agent signature required when reinstating)


<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U00000754105 05/22/07-80048-013 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD PHILLIPS, GEORGIA M 3862 CACTUS LANE MOUNT DORA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GILDER, BEVERLY PHILLIPS 504 SHETATON DRIVE ANDALUSIA, AL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVP PHILLIPS, RONALD S 330 FIFTH ST. SE WASHINGTON, DC 20003
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JONES, JUDY P. 3826 CACTUS LN MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PHILLIPS, GEORGIA M 3862 CACTUS LN MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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:  **President** **4-3007 352-783-3704**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #