

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 11, 2008 08:00 A**  
**Secretary of State**

**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**



02252008 No Chg-P CR2E034 (11/05)

**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, 2008 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	330 FIFTH ST. SE
CITY - ST - ZIP	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	

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03/27/08-80060-001 150.00

**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:**

*Georgia M Phillips*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
*Georgia M Phillips*

*3-4-08*

Date

*352-383-3704*

Daytime Phone #