2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#761615

Apr 07, 2008 Secretary of State

Entity Name: GREENSCAPE OF JACKSONVILLE, INC.

Current Principal Place of Business: New Principal Place of Business: 4401 EMERSON STREET SUITE 3 JACKSONVILLE, FL 32207 **New Mailing Address: Current Mailing Address:** 4401 EMERSON STREET SUITE 3 JACKSONVILLE, FL 32207 US FEI Number: 59-2283261 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DOOLEY, ANNA M 4401 EMÉRSON ST, STE 3 US JACKSONVILLE, FL 32207 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition BRYAN, PEGGY BRYAN, JEFF Name: Name: 5249 YACHT CLUB RD Address: 4810 LONG BOW ROAD Address: City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip: JACKSONVILLE, FL 32210 Title: () Delete Title: (X) Change () Addition MITCHELL, ROB Name: MITCHELL, ROB Name: Address: 7737 WILDWOOD WAY Address: 10027 LEISURE LANE City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32256 Title: MD () Delete Title: () Change () Addition DOOLEY, ANNA D Name: Name: 4401 EMERSON STREET, SUITE 3 Address: Address: City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: WORSHAM, CAROL Name: Address: 200 W. FORSYTH STREET Address: City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: Title: () Delete Title: VD (X) Change () Addition BRYAN, JEFF MAGEVNEY, JOHN Name: Name: 4810 LANE BOW RD 225 WATER ST. 9TH FLOOR Address: Address: JACKSONVILLE, FL 32210 City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32202

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNA M. DOOLEY ED 04/07/2008