2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#761615

FILED Jun 24, 2009 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 US

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 ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete BRYAN, JEFF MITCHELL, ROBB Name: Name:

4810 LONG BOW ROAD Address: 10027 LEISURE LN. Address: City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip: JACKSONVILLE, FL 32256

Title: () Delete Title: (X) Change () Addition

MITCHELL, ROB Name: WORSHAM, CAROL Name:

Address: 10027 LEISURE LANE Address: 200 W. FORSYTH ST. SUITE 800 City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32202

Title: MD () Delete Title: (X) Change () Addition

DOOLEY, ANNA D Name: TRIER, SHIRLEY Name: 4401 EMERSON STREET, SUITE 3 Address: Address: 3948 3RD ST. S.

City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: JACKSONVILLE BEACH, FL 32250

(X) Change () Addition Title: SD () Delete Title: TR

Name: WORSHAM, CAROL Name: SMITH, BARNEY 1460 EDGEWOOD CIR. Address: 200 W. FORSYTH STREET Address: City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: JACKSONVILLE, FL 32205

Title: VD () Delete Title: (X) Change () Addition

MAGEVNEY, JOHN PATTISON, JOAN Name: Name:

225 WATER ST. 9TH FLOOR 14140 LEONARD NORMAN RD. Address: Address: City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: MACCLENNY, FL 32063

Title: () Delete Title: () Change (X) Addition

DOOLEY, ANNA Name: Name:

Address: Address: 4582 CORRIENTES CIRCLE S. JACKSONVILLE, FL 32217 City-St-Zip: City-St-Zip:

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 DOOLEY E.D. 06/24/2009