

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 27, 2007 8:00 am**  
**Secretary of State**

08-27-2007 90033 049 \*\*\*150.00

**DOCUMENT # G94663**

1. Entity Name

PETE & BARBARA GREEN, INCORPORATED



Principal Place of Business

123 LAKE BEULAH DR.  
P.O. BOX 8207  
LAKELAND FL 33801

Mailing Address

123 LAKE BEULAH DR.  
P.O. BOX 8207  
LAKELAND FL 33801



2. Principal Place of Business - No P.O. Box #

1248 GEORGE JENKINS BLVD.  
Suite, Apt. #, etc.  
H D2

3. Mailing Address

P.O. Box 8207  
Suite, Apt. #, etc.

2nd MOORE

CR2E034 (4/07)

City & State

LAKELAND

City & State

LAKELAND

4. FEI Number

59-2399992

Applied For

Not Applicable

Zip

33815

Country

POLK

Zip

33802

Country

POLK

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GREEN, BARBARA  
125 LAKE BEULAH DRIVE  
LAKELAND FL 33801

1248 GEORGE JENKINS BLVD  
SUITE D2  
LAKELAND FL 33815

7. Name and Address of New Registered Agent

Name

Street Address (P O Box Number is Not Acceptable)

City

FL

Zip Code

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 \$550.00**  
**DUE BY September 5, 2007**

**Make Check Payable to Florida Department of State**

S 607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DS ☐ Delete  
NAME GREEN, BARBARA  
STREET ADDRESS 123 LAKE BEULAH DR.  
CITY-ST-ZIP LAKELAND FL 33815

TITLE DV ☐ Delete  
NAME GREEN, JACQUELINE  
STREET ADDRESS 1400 GRASSLANDS BLVD #43  
CITY-ST-ZIP LAKELAND FL 33803

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Barbara Green BARBARA GREEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/22/07 863-688 8283

Date

Daytime Phone #