


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2007 08:00 A
Secretary of State

DOCUMENT # H17503
 1. Entity Name
GREENVILLE FERTILIZER & CHEMICAL CO., INC.



Principal Place of Business 13293 W 90 P.O. BOX 649 GREENVILLE, FL 32331-6649	Mailing Address 13293 W 90 P.O. BOX 649 GREENVILLE, FL 32331-6649
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DO NOT WRITE IN THIS SPACE



05252007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2437099	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ROLAND, CHARLES A
 13293 W 90
 GREENVILLE, FL 32331

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROLAND, CHARLES A 3863 NW LOVETT RD. GREENVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROLAND, CHARLES A. 3863 NW LOVETT RD. GREENVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS ROLAND, JO ANN B. 3863 NW LOVETT RD. GREENVILLE, FL
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 06/01/07-80014-017 150.00

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: *Charles A. Roland* Charles A. Roland 5-29-07 850-948-2968
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #