


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**


**ORIGINAL**  
 Apr 11, 2008 08:00 AM  
 Secretary of State

DOCUMENT # H33276  
 1. Entity Name  
 GREEN ENTERPRISES OF PALM BEACH, INC.



Principal Place of Business 750 S. OLD DIXIE HWY STE 9 JUPITER, FL 33458-7277 US	Mailing Address 750 S. OLD DIXIE HEY STE 9 JUPITER, FL 33458-7277 US
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**DO NOT WRITE IN THIS SPACE**



01242008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2496451	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

GREEN, SHEILA M  
 UNIT 9 750 S OLD DIXIE HWY  
 JUPITER, FL 33458

**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)  
Signature, typed or printed name of registered agent and title if applicable

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

U00000892488  
 04/23/08-80069-001 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GREEN SHELIA MARGARET 750 S OLD DIXIE HWY STE 9 JUPITER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREEN, SIMON THOMAS 750 S OLD DIXIE HWY STE 9 JUPITER, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: S. M. Green, S.T.D. 3.10.08. 561-747-3010.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #