

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H57701

**FILED**  
**Jan 17, 2011**  
**Secretary of State**

**Entity Name:** GREEN TREE LANDSCAPE NURSERY, INC.

**Current Principal Place of Business:**

8712 N. OLA AVE  
TAMPA, FL 33604

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 271076  
TAMPA, FL 33688

**New Mailing Address:**

**FEI Number:** 59-2548958

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ARKAY, MADELINE  
8712 N OLA AVE  
TAMPA, FL 33604 US

**Name and Address of New Registered Agent:**

ARKAY, MADELINE  
8712 N OLA AVE  
TAMPA, FL 33604 US

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: MADELINE ARKAY

01/17/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ARKAY, RON  
Address: 8712 N OLA AVE  
City-St-Zip: TAMPA, FL 33604

Title: STD  
Name: ARKAY, MADELINE  
Address: 8712 N OLA AVE  
City-St-Zip: TAMPA, FL 33604

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MADELINE ARKAY

STD

01/17/2011

Electronic Signature of Signing Officer or Director

Date