


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90006 020 ***150.00

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DOCUMENT # J09823			
1. Entity Name CALLAHAN'S GREENER PASTURES, INC.			
Principal Place of Business 1015 BLUEGRASS LANE ROCKLEDGE, FL 32955 US		Mailing Address % BRYAN CALLAHAN 1015 BLUE GRASS LANE ROCKLEDGE, FL 32955	
2. Principal Place of Business 3985-JAMES Rd		3. Mailing Address 3985-JAMES Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State COCOA, FLA.		City & State COCOA, FL	
Zip 32926		Zip 32926	
Country PREVARD		Country PREVARD	
4. FEI Number 59-2667668		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 CALLAHAN, BRYAN 1015 BLUE GRASS LANE ROCKLEDGE, FL 32955			
7. Name and Address of New Registered Agent Name: CALLAHAN, BRYAN Street Address (P.O. Box Number is Not Acceptable): 3985-JAMES Rd City: COCOA FL Zip Code: 32926			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC CALLAHAN, BRYAN 1015 BLUE GRASS LANE ROCKLEDGE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CALLAHAN, MARLA 1015 BLUEGRASS LANE ROCKLEDGE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Bryan Callahan</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 4-5-04 Daytime Phone #: 321-636 0009	