

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # J66989

1. Entity Name

CREATIVE GREENERY, INC.



Principal Place of Business

5959 ST. AUGUSTINE ROAD
P.O. BOX 5218
JACKSONVILLE FL 32207

Mailing Address

5959 ST. AUGUSTINE ROAD
P.O. BOX 5218
JACKSONVILLE FL 32207



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

3. Mailing Address

1st MOORE

CR2E034 (10/06)

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

4. FEI Number

59-2891495

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YURGALEWICZ, MARY E
3445 DAHN DRIVE
JACKSONVILLE FL 32223

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 registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$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
DVS
YURGALEWICZ, MARY
3445 DAHN DRIVE
JACKSONVILLE FL 32223 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
U000000601958
01/26/07-80069-024 158.75

TITLE
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☐ Delete

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CITY- ST- ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Mary E. Yurgalewicz
Mary E. Yurgalewicz

1/22/07 904733 4384
Date Daytime Phone *