2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K44995

Name:

Address:

City-St-Zip:

DAY, SUSAN B (RT)

ORLANDO, FL 32804

1507 SPRING LAKE DRIVE

intity Name: GREEN SWAMP GROVE, INC.

FILED Apr 23, 2007 Secretary of State

Entity Nan	ne: GREE	N SWAMP	GROVE, INC.					
Current Principal Place of Business:				New Principal Place of Business:				
931 W. OA PO BOX 77 OAKLAND,	71399	E. US			KLAND AVE. , FL 34760	US		
Current Mailing Address:				New Maili	New Mailing Address:			
PO BOX 77 WINTER G		_ 34777	US					
FEI Number:	59-2920929	FEI No	umber Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Desire	d ()	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
CONOLEY 931 W. OA OAKLAND, The above in the State	KLAND FL 34787 named enti	US ty submits	this statement for the p	urpose of changing i	ts registered o	office or registered agent,	or both,	
SIGNATUR			atura af Daniata and Assa			Data		
	npaign Finand	cing Trust F	ature of Registered Age			Date		
OFFICERS	AND DIR	ECTORS:		ADDITION	IS/CHANGES	TO OFFICERS AND DI	RECTORS:	
Title: Name: Address: City-St-Zip:	P CONOLEY, 931 W. OAK OAKLAND, F	LAND AVE.		Title: Name: Address: City-St-Zip:	() Change()Addition		
Title: Name: Address: City-St-Zip:	CFO LEWIN, WIL P.O. BOX 12 CLERMONT	2123/C.R. 56		Title: Name: Address: City-St-Zip:	LEWIN, WILLI	23/C.R. 561 SOUTH		
Title:	VS	() Delete		Title:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: WILLIAM R. LEWIN CFO 04/23/2007