

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N95000006043

1. Entity Name  
GREEN AMERICA, INC.



Principal Place of Business  
2225 FUNSTON ST  
HOLLYWOOD, FL 33020

Mailing Address  
2225 FUNSTON ST  
HOLLYWOOD, FL 33020



04292004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
65-0629730

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

OLIVER, JOHN  
2225 FUNSTON ST  
HOLLYWOOD, FL 33020

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

U00000152377  
05/04/04-80085-004 70.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
D  
KELLY, JOHN  
STREET ADDRESS  
CITY- ST- ZIP  
1841 SW 83 TERRACE  
DAVIE, FL 33324

TITLE  
NAME  
D  
NESS, CHARLES  
STREET ADDRESS  
CITY- ST- ZIP  
3161 SW 50 TERRACE  
DAVIE, FL 33314

TITLE  
NAME  
D  
OLIVER, JOHN  
STREET ADDRESS  
CITY- ST- ZIP  
2225 FUNSTON STREET  
HOLLYWOOD, FL 33020

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 617, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN OLIVER

Date

Daytime Phone #

April 27, 2004