


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90213 011 ***150.00

DOCUMENT # P00000022428	
1. Entity Name GREENEARTH NURSERY & SOD, INC.	

Principal Place of Business 1130 FLAMINGO ROAD DAVIE, FL 33325	Mailing Address 1130 FLAMINGO ROAD DAVIE, FL 33325
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DO NOT WRITE IN THIS SPACE

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04262004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0989670	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

MOGERMAN, RICHARD M
150 SOUTH PINE ISLAND ROAD
SUITE 130
PLANTATION, FL 33324

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 _____ (NOTE: Registered Agent signature required when reinstating) 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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TSINTGIRAS, ALEXANDER 8650 SUNSET STRIP SUNRISE, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD CONNIFF, STEPHEN W 1130 S FLAMINGO ROAD DAVIE, FL 333254408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Stephen W Coniff Stephen W Coniff SVD 4-26-04 954-475-1558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #