2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000111488

1. Entity Name
GREEN ZONE ENTERPRISES, INC.

Principal Place of Business	Mailing Address
11600 O'NEIL ROAD PALMETTO, FL 34221	11600 O'NEIL ROAD PALMETTO, FL 34221

04212004   Chg-P   CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

4. FEI Number	Applied For
59-3688710	Not Applicable

Zip	Country	Zip	Country

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MAUND, MARY
11600 O'NIEL ROAD
PALMETTO, FL 34221

7. Name and Address of New Registered Agent

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 reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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	:D *President* ☐ Delete		TITLE		☐ Change	☐ Addition
NAME	MAUND, ALBERT J		NAME			
STREET ADDRESS	1003 LA JOLLA AVE. *11600 O'Neil Rd.*		STREET ADDRESS			
CITY-ST-ZIP	SUN CITY CENTER, FL 33573 *Palmetto, Fl. 34221*		CITY-ST-ZIP			
TITLE	VPD *Treasurer Vice Pre* ☐ Delete		TITLE		☐ Change	☐ Addition
NAME	MAUND, MARY		NAME			
STREET ADDRESS	1003 LA JOLLA AVE *11600 O'Neil Rd.*		STREET ADDRESS			
CITY-ST-ZIP	SUN CITY CENTER, FL 33573 *Palmetto, Fl 34221*		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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: _Mary J. Maund_   4/30/4

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #