

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90015 035 \*\*\*150.00

**DOCUMENT # P01000025500**

1. Entity Name  
**GREENER GARDENS OF CENTRAL FLORIDA, INC.**



Principal Place of Business  
~~3711 DINGHY CT.~~  
~~ORLANDO, FL 32812~~  
**5275 RAMBLING RD, ST. CLOUD FL.**

Mailing Address  
~~3711 DINGHY CT.~~  
~~ORLANDO, FL 32812~~  
**34771**

**54022216**



2. Principal Place of Business  
**5275 RAMBLING RD**

3. Mailing Address  
**5275 RAMBLING RD**

03122004 Chg-P CR2E034 (10/03)

City & State  
**ST CLOUD FLORIDA**

City & State  
**ST CLOUD FLORIDA**

4. FEI Number  
**59-3706245**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**HEAKE, STEPHEN G**  
**3711 DINGHY CT.**  
**ORLANDO, FL 32812**



**Greener Gardens**  
**Landscape Contractor**  
**5275 Rambling Road**  
**St. Cloud, FL 34771**

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                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>HEAKE, STEPHEN G</b><br><b>3711 DINGHY CT.</b><br><b>ORLANDO, FL 32812</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>HEAKE, GWEN</b><br><b>3711 DINGHY CT.</b><br><b>ORLANDO, FL 32812</b> <input type="checkbox"/> Delete      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>STEPHEN G. HEAKE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>5275 RAMBLING RD</b><br><b>ST CLOUD FL 34771</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>GWEN HEAKE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>5275 RAMBLING RD</b><br><b>ST CLOUD FL 34771</b>       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-23-04**

Date

**407-448-2340**

Daytime Phone #