2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 12, 2004 8:00 am Secretary of State **DOCUMENT # P01000038099** 1. Entity Name 02-12-2004 90026 006 ***150 00 GREENHOUSE INVESTMENTS, INC. Principal Place of Business Mailing Address 8845 THUNDERBIRD DR. 1751 SCENIC HWY 98 ~ 1000677 PENSACOLA FL 92514 **UNIT 203** DESTIN FL 82541 2. Principal Place of Business 17510 E.10441 Pl. 3. Mailing Address Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For **NO-T APPLICABLE** Not Applicable Country Zin \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 City 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Hubbell Richard R. Change TITLE ☐ Delete TITLE Addition HUBBELL, RICHARD R NAME NAME STREET ADDRESS 1751-SCENIC HWY 98-#203-STREET ADDRESS ommerce City, CO 80022 CITY-ST-ZIP DESTON-FL 32541-CITY-ST-ZIP Hubbell Jennifer ☐ Delete Change ☐ Addition TITLE TITLE NAME HUBBELL, JENNIFER NAME RRAS-THUNDERRIND DR STREET ADDRESS STREET ADDRESS ommerce City, CO 80022 CITY-ST-ZIP CITY-ST-7IP PENSACOLA FL 32514 Change ☐ Delete TITLE TIT) F Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change TITLE 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. Thereby certify that the information supplied with this filling 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.

SIGNING OFFICER OR DIRECTOR

FILED