## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

SIGNATURE: CHARLES BLODGETT, PRES

## Apr 23, 2004 8:00 am Secretary of State **DOCUMENT # P02000075325** 04-23-2004 90215 016 \*\*\*150.00 1. Entity Name GREEN MEADOWS, INC. in int ant to Principal Place of Business Mailing Address 1799 SEMINOLE BLVD C/O FIRST CHRISTIAN CHURCH OF LARGO 54039485 LARGO, FL 33778 1645 SEMINOLE BLVD. LARGO, FL:337.78 ... 2. Principal Place of Business 3. Mailing Address · Suite, Apt. #, etc. Suite, Apt. #, etc. 01312004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 02-0579856 Not Applicable Zip Country Zio Country \$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 FIRST CHRISTIAN CHURCH OF LARGO, FLORIDA,I Street Address (P.O. Box Number is Not Acceptable) 1645 SEMINOLE BLVD. LARGO, FL 33778 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE 🔀 Delete TITLE ROY L RALSTON AXLEY, JOHN NAME NAME 326 SUNNY LN STREET ADDRESS STREET ADDRESS 1799 SÉMINOLÉ BIVD LOT 7 LARGO, FL. 33778 Chang BELLEAIR, FL 33756 CITY-ST-ZIF CITY-ST-ZIP ☐ Addition TITI F ☐ Delete TITLE HIGGINS, JAY NAME NAME STREET ADDRESS 1007- 2ND AVE NW STREET ADDRESS LARGO, FL 33770 CITY-ST-7IP CITY-ST-ZIP TITLE TITLE ☐ Change Addition Delete ROGER CUNDIFF 11085 90+1 AVEN SEMINOLE, FLES PIERSON, JOE III NAME NAME 9652-128TH TERR N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LARGO, FL\_33773. : : : CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 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.

FILED