2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

					3 A 03 300 C 00 00 A B #	
DOCUMENT # P02000088656 1. Entity Name					Apr 03, 2006 08:00 AM Secretary of State	
GREEN ACRES FLEA AND FARMS MARKET, INC.						
Principal Place of Business		Mailing Address				
9302-125 AVE. FELLSMERE FL 32948		9302-125 AVE. FELLSMERE FL 32948				
2. Principal Place of Business		3. Mailing Address			(1831186) (1) smill iteld detti skill smill emit king tenn alle enine kingen i sant	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E034 (10/05)	
City & State		City & State			4. FEI Number 56-2288647 Applied For Not Applie:	
Zip	Country	Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
SMITH, JERALD E SR. 9302-125 AVE. FELLSMERE FL 32948			<u> </u>	Name		
				Street Address (P.O. Box Number is Not Acceptable)		
)			
				City	FL Zip Code	
the obligat	named entity submits this statement ions of registered agent.	for the purpose of changing its r	registered	office or register	red agont, or both, in the State of Florida. I am familiar with, and acces	
SIGNATURE .	Signature, typed or printed name of registered age	nt and hite it applicable (NOTE	Registered A	Аделі відпатьке голичес	d when rowstaing) DATE	
After	ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.0 Payable to Florida Department				9. Election Campaign Financing \$5.00 May 17 Trust Fund Contribution. Added to Fees	
10.			11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	OPT	Delete	DIFFE		☐ Change ☐ Adam	
NAME STREET ADDRESS	SMITH, JERALD E SR. 19302-125 AVE.		NAME STREET	AODRESS	U00000489791	
CITY-SI-ZIP	FELLSMERE FL 32948		CITY-S	1	04/18/06-80031-001 150.00	
TITLE	VPS	☐ Delete	TITLE		☐ Change ☐ Artain	
NAME	SCHULER SMITH, LAURA		NAME	}		
STREET ADDRESS CITY ST-ZIP	9302-125 AVE. FELLSMERE FL 32948	·	STREET CITY-S	ADDRESS ST-ZIP		
TITLE		☐ Delete	THEE		☐ Change ☐ Add***	
NAME STREET ADDRESS CITY-ST-ZIP			SIRCET CITY-S	ADDRESS		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME	}		NAME	-		
STREET ADDRESS City-St-Zip			STREET Caty-S	ADDRESS T-ZIP		
TITLE	☐ Delete Bit.		BILE		☐ Change ☐ Addition	
NAME CIDICI ADDRESS			NAME	ADDRESS		
STREET ADDRESS CITY-SI-ZIP			CITY-SI	ADDRESS }		
TITLE		☐ Delete	Trill		☐ Change ☐ Addition	
NAME			NAME	}		
STREET ADDRESS CITY-ST-ZIP			STREET CITY-ST	NUDRESS }		
	Certify that the information exported w	ith this filing does not analyte fa	<u> </u>		d in Section 110. Florida Statutes A Suther certify that the information	

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12. I nereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Laura Schuler Smith 3/28/00 77257/0438