2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000026247

1. Entity Name
GREEN IMAGE, INC.

Principal Place of Business	Mailing Address
9622 CYPRESS HARBOR DRIVE GIBSONTON, FL 33534 US	9622 CYPRESS HARBOR DRIVE GIBSONTON, FL 33534 US

01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
82-0570727
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PLUSKOTA, JOSEPH
9622 CYPRESS HARBOR DRIVE
GIBSONTON, FL 33534

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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: Joseph Pluskota VP 1/7/05
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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000182712
01/19/05-80038-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	PLUSKOTA, JOSEPH
STREET ADDRESS	9622 CYPRESS HARBOR DRIVE
CITY-ST-ZIP	GIBSONTON, FL 33534
TITLE	PRES
NAME	PLUSKOTA, DONNA
STREET ADDRESS	9622 CYPRESS HARBOR DRIVE
CITY-ST-ZIP	GIBSONTON, FL 33534
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Donna M. Pluskota Donna M. Pluskota 1-7-05 813-677-5580
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR Date Daytime Phone #