


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90052 047 ***150.00

DOCUMENT # P03000039274
 1. Entity Name
GREEN MOUNTAIN PROPERTIES, INC.



Principal Place of Business
 902 N.E. 1ST STREET
 POMPANO BEACH, FL 33060

Mailing Address
 902 N.E. 1ST STREET
 POMPANO BEACH, FL 33060

2. Principal Place of Business
840 SE 13 COURT

3. Mailing Address
840 SE 13 COURT

Suite, Apt. #, etc.

City & State
Pompano Beach, FL

City & State
Pompano Beach, FL

Zip
33060

Country
U.S.A.



03092005 Chg-P CR2E034 (10/03)

4. FEI Number
33-1052448

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
COPLAND, JANET
 902 N.E. 1ST STREET
 POMPANO BEACH, FL 33060

7. Name and Address of New Registered Agent

Name
Craig P. Shiple

Street Address (P.O. Box Number is Not Acceptable)
840 SE 13 COURT

City *Pompano Beach* **FL** Zip Code *33060*

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 *X* *Craig P. Shiple* DATE *3/25/2005*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COPLAND, JANET	
STREET ADDRESS	902 N.E. 1ST STREET	
CITY-ST-ZIP	POMPANO BEACH, FL 33060	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRAIG P. SHIPLE	
STREET ADDRESS	840 SE 13 COURT	
CITY-ST-ZIP	POMPANO BEACH, FL 33060	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Craig P. Shiple* *Craig P. Shiple* *3/25/05* *954-868-2637*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #