2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000049189

1. Entity Name
GREENLAND OF KEY WEST, INC.

Principal Place of Business	Mailing Address
3231 PEARL AVE KEY WEST, FL 33040 US	3231 PEARL AVE KEY WEST, FL 33040 US

DO NOT WRITE IN THIS SPACE

04302008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
56-2364163	Not Applicable

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

6. Name and Address of Current Registered Agent

PAVLIK, MARIAN
3231 PEARL AVE
KEY WEST, FL 33040

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IN THIS SPACE

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 *Marian Pavlik*

Signature, typed or printed name of registered agent and title if applicable   (NOTE. Registered Agent signature required when reinstating)   DATE 4/30/2008

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

U00000942814
05/29/08-80033-014 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	PAVLIK, MARIAN
STREET ADDRESS	3231 PEARL AVE
CITY-ST-ZIP	KEY WEST, FL 33040

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Marian Pavlik*   Marian Pavlik   4/30/2008   305 296 8269

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