



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2004 8:00 am
Secretary of State

08-10-2004 90003 037 ***150.00

DOCUMENT # P03000049706 1. Entity Name THREE GREEN HOUSES, INC.					
Principal Place of Business 506 WESTBOROUGH LANE SAFETY HARBOR, FL 34695			Mailing Address 506 WESTBOROUGH LANE SAFETY HARBOR, FL 34695		
2. Principal Place of Business 2101 Sarazen Dr. Suite, Apt. #, etc.		3. Mailing Address 2101 Sarazen Dr. Suite, Apt. #, etc.			
City & State Dunedin		City & State Dunedin Florida		4. FEI Number 13 425 2148	
Zip 34698		Country Pinellas		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent O'HOWELL, CAROL A 506 WESTBOROUGH LANE SAFETY HARBOR, FL 34695 2101 Sarazen Dr. Dunedin, FL 34698				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2101 Sarazen Drive City Dunedin FL Zip Code 34698	
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 Carol A. O'Howell Carol A O'Howell DATE _____ <small>Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when constituting)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'HOWELL, CAROL A 506 WESTBOROUGH LANE SAFETY HARBOR, FL 34695	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2101 Sarazen Dr. Dunedin, FL 34698	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Carol A. O'Howell <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			8-3-04 722-733-9840 <small>Date Daytime Phone #</small>		