

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 19, 2004 8:00 am**  
**Secretary of State**

08-19-2004 90051 016 \*\*\*158.75

**DOCUMENT # P03000062311**

1. Entity Name

GREENER GRASS, INC.



Principal Place of Business

1597 PINE RIDGE ROAD  
UNIT P  
NAPLES FL 34109

Mailing Address

1597 PINE RIDGE ROAD  
UNIT P  
NAPLES FL 34109

2. Principal Place of Business

4100 CORPORATE SQUARE

3. Mailing Address

4100 CORPORATE SQUARE

Suite, Apt. #, etc.

Suite #116.

Suite, Apt. #, etc.

#116

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34104

Country

USA

Zip

34104

Country

USA



MOORE

CR2E034 (4/04)

4. FEI Number

54-2112520

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RAVELO, ORLANDO  
1597 PINE RIDGE ROAD  
UNIT P  
NAPLES FL 34109

7. Name and Address of New Registered Agent

Name

Orlando Ravelo

Street Address (P.O. Box Number is Not Acceptable)

4100 CORPORATE SQUARE  
#116

City

NAPLES, FL

Zip Code

34104

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

*Orlando Ravelo*

8/5/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**DUE BY September 8, 2004**

**Make Check Payable to Florida Department of State**

S 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	RAVELO, CATHERINE	
STREET ADDRESS	1597 PINE RIDGE ROAD #P	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RAVELO, ORLANDO	
STREET ADDRESS	1597 PINE RIDGE ROAD #P	
CITY-ST-ZIP	NAPLES FL 34109	
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 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	
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:

*Orlando Ravelo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/5/04

Daytime Phone #

(239)  
513-1234