

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 11, 2006 8:00 am
Secretary of State

08-11-2006 90003 017 ***150.00

DOCUMENT # P03000077219

1. Entity Name

GREEN PASTURES TURF & ORNAMENTAL, INC.



Principal Place of Business

2335 S GOLDENROD RD
ORLANDO FL 32822

Mailing Address

2335 S GOLDENROD RD
ORLANDO FL 32822



2. Principal Place of Business

1380 OAKSHORE DRIVE

Suite, Apt. #, etc.

3. Mailing Address

1380 OAKSHORE DR

Suite, Apt. #, etc.

2nd MOORE

CR2E034 (4/06)

City & State

ST CLOUD FLA

City & State

ST CLOUD FL

4. FEI Number

43-2020809

Applied For

Not Applicable

Zip

34771

Country

OSCEOLA

Zip

34771

Country

OSCEOLA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALDRIDGE, JEFF
2335 S GOLDENROD RD
ORLANDO FL 32822

7. Name and Address of New Registered Agent

Name **JEFFREY W ALDRICH**

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

1380 OAKSHORE DRIVE

ST CLOUD

City

ST CLOUD

FL

Zip Code

34771

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 **JEFFREY W ALDRICH**

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

(NOTE: Registered Agent signature required when translating)

DATE

08-04-06

FILE NOW!!! FEE IS \$550.00
DUE BY September 6, 2006

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 PD ☐ Delete
NAME ALDRICH, JEFFREY W
STREET ADDRESS 2335 S GOLDENROD RD
CITY - ST - ZIP ORLANDO FL 32822

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY - ST - ZIP

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NAME
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CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-06-06

Date

407-465-6439

Daytime Phone #