

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED  
Mar 24, 2004 8:00 am  
Secretary of State**

03-11-2004 90011 026 \*\*\*150.00

**DOCUMENT # P03000098167**

1. Entity Name  
**GREEN GARDEN LANDSCAPING, INC**



Principal Place of Business  
**4928 LINCOLN ROAD  
DELRAY BEACH FL 33445**

Mailing Address

**4928 LINCOLN ROAD  
DELRAY BEACH FL 33445**

2. Principal Place of Business  
**Suite, Apt. #, etc.**

3. Mailing Address

**Suite, Apt. #, etc.**

**Suite, Apt. #, etc.**

City & State  
**City & State**

**City & State**

4. FEI Number  
**65-1202869**

Applied For  
 Not Applicable

Zip  
**Zip**

Country  
**Country**

Zip  
**Zip**

Country  
**Country**

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

**6. Name and Address of Current Registered Agent**

**VELASQUEZ, LUIS A  
4928 LINCOLN ROAD  
DELRAY BEACH FL 33445**

**7. Name and Address of New Registered Agent**

Name  
**VELASQUEZ, LUIS A  
4928 LINCOLN ROAD  
DELRAY BEACH FL 33445**

Street Address (P.O. Box Number is Not Acceptable)  
**VELASQUEZ, LUIS A  
4928 LINCOLN ROAD  
DELRAY BEACH FL 33445**

City  
**FL**

Zip Code  
**FL**

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

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

(NOTE: Registered Agent signature required when changing)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$350.00**

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

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> VELASQUEZ, LUIS A 4928 LINCOLN ROAD DELRAY BEACH FL 33445	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #