

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000105616

FILED  
Jan 13, 2009  
Secretary of State

Entity Name: GREEN BARN ORCHID SUPPLIES, INC.

**Current Principal Place of Business:**

5185 CONKLIN DR  
DELRAY BEACH, FL 33484

**New Principal Place of Business:**

**Current Mailing Address:**

5185 CONKLIN DR  
DELRAY BEACH, FL 33484

**New Mailing Address:**

FEI Number: 20-0263393

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LAPPIN, LYNN  
5185 CONKLIN DR  
DELRAY BEACH, FL 33484 US

**Name and Address of New Registered Agent:**

LEVINE, HYL A  
5185 CONKLIN DR  
DELRAY BEACH, FL 33484 US

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.

SIGNATURE: HYL A LEVINE

01/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: LAPPIN, LYNN  
Address: 5185 CONKLIN DRIVE  
City-St-Zip: DELRAY BEACH, FL 33484 US

Title: PRES ( ) Delete  
Name: LEVINE, HYL A M  
Address: 4600 N.W. 23RD COURT  
City-St-Zip: BOCA RATON, FL 33431 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HYL A LEVINE

PRES

01/13/2009

Electronic Signature of Signing Officer or Director

Date