2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 25, 2005 8:00 am Secretary of State DOCUMENT # P03000126172 1. Entity Name 04-25-2005 90238 007 ***150.00 **GREATHOUSE BUTTERFLIES, INC:** Principal Place of Business Mailing Address 12876 SW COUNTY ROAD 231 12876 SW COUNTY ROAD 231 New BUILDING B BROOKER FL 32622 BUILDING B BROOKER FL 32622 2. Principal Place of Business 3. Mailing Address ナム 209 NW 209 NW Suite, Apt. #, etc. Suite, Apt. #, etc City & State Gaines City & State 4. FEI Number Applied For 20 0354051 Gaines Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GREATHOUSE, DANIEL G Street Address (P.O. Box Number is Not Acceptable) 636 NE 10TH AVE GAINESVILLE FL 32601-4488 City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE Change ☐ Addition Delete NAME GREATHOUSE, DANIEL G NAME STREET ADDRESS **636 NE 10TH AVE** STREET ADDRESS GAINESVILLE FL 32601-4488 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete THE ☐ Change ☐ Addition GREATHOUSE, KAY J MAME NAME 636 NE 10TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32601-4488 CITY-ST-ZIP -THEF - 🗔 - Deleta JITLE-. Change _ _ Addition GREATHOUSE, DANIEL G STREET ADDRESS **636 NE 10TH AVE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32601-4488 ☐ Change ☐ Addition TITLE ☐ Delete TITLE BRISCOE, BONNIE K NAME NAME 4545 NE 211TH DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **EARLETON FL 32631** CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

IG OFFICER OR DIRECTOR

with all other like empowered.

changed, or on an attachment with an address

SIGNATURE:

FILED