


FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90026 038 ***150 00

DOCUMENT # P03000143002

1. Entity Name
GREEN WOODS FARM, INC.



Principal Place of Business
17495 SQUIRREL PRAIRIE RD
SPRING HILL, FL 34604

Mailing Address
C/O CAROLYN GREENWOOD
10366 PALMGREN LN
SPRING HILL, FL 34608

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

ZipCountry

City & State

ZipCountry

6. Name and Address of Current Registered Agent

GREENWOOD, CAROLYN
10366 PALMGREN LN
SPRING HILL, FL 34608

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
CityFLZip 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.
SIGNATURECarolyn Greenwood, Carolyn Greenwood, President
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
PST GREENWOOD, CAROLYN 17495 SQUIRREL PRAIRIE RD SPRING HILL, FL 34604
V GREENWOOD, SPENCER B 17495 SQUIRREL PRAIRIE RD SPRING HILL, FL 34604

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS 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: Carolyn Greenwood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/9/07 727-364-3899
Date Daytime Phone #