
2008 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT						SECRE	FILI			
DOCUMENT # P0400028599 1. Entity Name TWO GREEN THUMBS OF SIESTA KEY, INC.						DIVISION O	iaky If ci 19 PH 12	- 1000 2: 12		
Principal Plac 682 AVENIDA SARASOTA, F	A DE MAYO		Mailing Address 682 AVENIDA DE MAYO SARASOTA, FL 34242							
2. Principal Pl	lace of Business - No P.O. Box #	# 3. Mailing Address	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-P	CR2E03	34 (12/06)		
City & State	3	City & State	City & State			8736		, , , , , , , , , , , , , , , , , , ,	plied For Applicable	
Zip	Country	Zip	Countr	ry		of Status Desired		\$8.75 Addi	itional	
6. Name and Address of Current		urrent Registered Agent	Registered Agent		7. Name and Address of New Registered Agent					
DATTON	DAVID		Name							
PATTON, DAVID 682 AVENIDA DE MAYO SARASOTA, FL 34242				Street Address (P.O. Box Number is Not Acceptable)						
			-	City				Zip Code		
		d 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 fille it applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE 1S \$150.00 Due by September 12, 2008 9. Election Campaign Finar Trust Fund Contribution.					\$5.00 May Be Added to Fees	In accordance corporation did	with s. 607. I not receive	193(2)(b), i the prior n	F.S., the otice.	
10.	OFFICERS	S AND DIRECTORS	11.			CHANGES TO OF	FICERS AND	DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY+ST-ZIP	P PATTON, DAVID 682 AVENIDA DE MAYO SARASOTA, FL 34242	☐ Delete		1 -	nea v V.P.			♥ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY+ST-ZIP	V PATTON, SUZANNE E. 682 AVENIDA DE MAYO SARASOTA EL 34242	2 AVENIDA DE MAYO SIF		I	31 10/03	Change Addition 300136618523 10/03/0801054014 **150.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ERB, C.W. 3148 A. SOUTHGATE CIRC SARASOTA, FL 34239	□ Delete	TITLE NAME STREE	-				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete ·		ET ADDRESS ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐. Delete		I				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1	B10	1110	18	☐ Change	Addition	
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: Oariel Hatter 9-10-08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daylore Phone &										