

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000046719

1. Entity Name

GREEN & GROWING LANDSCAPING, INC.



Principal Place of Business

6300 NW 57TH AVE.
OCALA, FL 34482

Mailing Address

6300 NW 57TH AVE.
OCALA, FL 34482



03102007

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0897535

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POTTER, SCOTT
6300 N.W. 57TH AVE.
OCALA, FL 34482

**DO NOT WRITE
IN THIS SPACE**

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 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 P
NAME POTTER, SCOTT
STREET ADDRESS 6300 N.W. 57TH AVE.
CITY - ST - ZIP Ocala, FL 34482

TITLE ST
NAME POTTER, SHANNON
STREET ADDRESS 6300 N.W. 57TH AVE.
CITY - ST - ZIP Ocala, FL 34482

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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U0000063692
03/27/07-80040-017 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Shannon Potter* Shannon Potter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-07

Date

352-867-1777

Daytime Phone #