


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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DOCUMENT # P04060089786		
1. Entity Name GREENER PASTURES LAWN SPECIALISTS, INC.		

FILED
06 MAY -2 AM 8:23

Principal Place of Business 17593 ROCKY PINE ROAD JUPITER FL 33478	Mailing Address 17593 ROCKY PINE ROAD JUPITER FL 33478
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04-26-05 90176 028 \$150.00
1st MOORE CR2E034 (10/05) 06

4. FEI Number 20-1243432		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent WESTERFIELD, JEFFERY D 17593 ROCKY PINE ROAD JUPITER FL 33478		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.

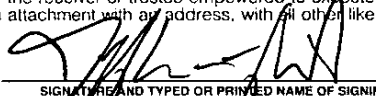
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00.
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2 WESTERFIELD, JEFFERY D 17593 ROCKY PINE ROAD JUPITER FL 33478 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **Jeffery Westerfield-20-06** 561 744-382
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **MAY** Daytime Phone #

4-20-06

Division of Corporations
PO Box 6850
Tallahassee FL 32314

Please be advised there is
a Credit balance of \$150.00 on
our acct. due to overpayment
of 2005 Annual report. Please
I apply this credit to the 2006
annual report fees.

If you should have any questions
please contact me @ 954 614 6251.

Thanking you in advance for your
Cooperation.

Sincerely,
Tight Hickey
Greener Pastures Farm Specialists
FEI No. 20-1243432