

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90576 021 ***150.00

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03172005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000100975 1. Entity Name GREEN HOLLOW NURSERY, INC.						
Principal Place of Business 11103 LAKE KATHERINE CIR CLERMONT, FL 34711				Mailing Address 11103 LAKE KATHERINE CIR CLERMONT, FL 34711		
2. Principal Place of Business <i>Green Hollow Nursery, Inc.</i> Suite, Apt. #, etc. 12013 County Road SW 1 City & State Clermont, FL Zip 34711 Country U.S.A.		3. Mailing Address <i>Green Hollow Nursery, Inc.</i> Suite, Apt. #, etc. 12013 County Road SW 1 City & State Clermont, FL Zip 34711 Country U.S.A.		4. FEI Number 16-1703169 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 SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PVST COLLINS, CHRISTOPHER 11103 LAKE KATHERINE CIR CLERMONT, FL 34711		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE:			3/30/2005 407.694.3188			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>			