


2007 FOR PROFIT CORPORATION ANNUAL REPORT

EPDVNF0U!\$ P04000135173 2/ Entity Name GRETN MARKET INC.		
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Principal Place of Business 25792 N. B. T. L. S. F. U. H. S. F. U. B. I. C. M. 43443	Mailing Address C. P. O. Y. 1641 H. S. F. U. B. I. C. M. 43443
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3/ Principal Place of Business - No P.O. Box #	4/ Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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7/ Obn f lboe!Beesf t t lpgDvss ouSf hjt d f e!Bhf ou	
AL NAJJAR, MOHAMMAD 4244 AUGUSTUS OAK CT. TALLAHASSEE, FL 32303	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
GM	Zip Code

9/ 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
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	1/ Election Campaign Financing Trust Fund Contribution.	%/11 NbztC 400088899884 Beef elupG 02/21/07--01026--017 **600.00
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21/ OFFICERS AND DIRECTORS		22/ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AL NAJJAR, MOHAMMAD 4244 AUGUSTUS OAK CT. TALLAHASSEE, FL 32303 <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

23/ 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.

T. HOBUSF;		2/20/07
T. HOBUSFIBOENZOPFISQSOUEOBNFIPGITJHODHPGGDFSIPSEJBFDPUS		Date Daytime Phone #

FILED
07 FEB 20 PM 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02202007 Di h.Q DS3F145123017*

5/ FEI Number 20-1685556	Applied For Not Applicable
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6/ Certificate of Status Desired <input type="checkbox"/>	%/86 Beejipobm G f l S f r v j s e
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2/20/07