

2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000030056**

1. Entity Name

GREEN SIDE UP SOD FARMS, INC.



Principal Place of Business

16392 E TRAFALGER DR  
LOXAHATCHEE, FL 33470

Mailing Address

16392 E TRAFALGER DR  
LOXAHATCHEE, FL 33470



03072008 No Chg-P CR2E034 (11/05)

4. FEI Number

20-2528593

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

GRIFFIN, TOD  
16392 E TRAFALGER DR  
LOXAHATCHEE, FL 33470

**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, 2008 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000951334  
06/04/08-80028-022 150.00

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME GRIFFIN, TODD  
STREET ADDRESS 16392 E TRAFALGER DR  
CITY-ST-ZIP LOXAHATCHEE, FL 33470

TITLE SD  
NAME GRIFFIN, BUNNY  
STREET ADDRESS 16392 E TRAFALGER DR  
CITY-ST-ZIP LOXAHATCHEE, FL 33470

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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:**

*Benny Griffin* *Bunny Griffin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.11.08 561-719-9974

Date

Daytime Phone #