

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000020029

FILED
Jan 03, 2007
Secretary of State

Entity Name: MASTER GREENS OF OCALA, INC.

Current Principal Place of Business:

2203 SE 28 PLACE
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

2203 SE 28 PLACE
OCALA, FL 34471

New Mailing Address:

FEI Number: 26-0134674

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VITALE, BONNIE A
2203 SE 28 PLACE
OCALA, FL 34471 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: O () Delete
Name: VITALE, BONNIE A
Address: 2203 SE 28 PLACE
City-St-Zip: OCALA, FL 34471

Title: O () Delete
Name: GRAHAM, JERRY
Address: 1955 SE 34 ST
City-St-Zip: OCALA, FL 34471

Title: O () Delete
Name: GRAHAM, PATRICK
Address: 2599 SE 31 AVE
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BONNIE A. VITALE

O

01/03/2007

Electronic Signature of Signing Officer or Director

Date