2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2008 08:00 AM Secretary of State

ANNUAL REPORT				Apr 30, 2008 08:00		
DOCUMENT # P06000099697 1. Entity Name						etary of Sta
	TLE GREENHOUSE SERVIC	ES, INC.				
Principal Plac	ce of Business	Mailing Address		1		
394 HANSO Sanford, F		394 HANSOM PKWY SANFORD, FL 32773				
1						
. [O NOT WRITE	CE	4. FEI Number		034 (11/05) Applied For	
•			•	71-101077	5	Not Applicable
	•			5. Certificate of St	atus Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent	-			
LYTLE, EARL A JR 394 HANSOM PKWY				DO N	OT WRIT	E
	D, FL 32773			IN TH	IIS SPACI	
	e named entity submits this statement for the tions of registered agent.	ne purpose of changing its regist	ered office or register	red agent, or both, in	the State of Florida. I am	n familiar with, and accept
SIGNATURE.	Signature, typed or printed name of regulatoral agent and	uni applicable. (NOTE: Regist	ored Agent signature required) when remetating)	DATE	
E11	E NOW!!! FEE IS \$150.00	9. Election Campaign Fin		.00 May Be		
	ay 1, 2008 Fee will be \$550.00	Trust Fund Contribution		ed to Fees		
10.	OFFICERS AND DI	RECTORS			* * .) JH
TITLE NAME	LYTLE, EARL A JR				· · · · · · · · · · · · · · · · · · ·	er en
STREET ADDRESS CITY-ST-ZIP	394 HANSOM PKWY SANFORD, FL 32773				U000009383!	56- ¹ -1
TITLE			1	• • •)5/27/08-8008(6-024 158.75
NAME STREET ADDRESS					,	
CITY-\$T-ZIP			•			
NAME	1 13.5				ing panganan na di mengabah mengapan	10 mu
STREET ADDRESS CITY-ST-ZIP		•	4	DO N	OT WRIT	E
TITLE			-	\	IIS SPACI	
NAME STREET ADDRESS				11 11 11 1		
CITY-ST-ZIP					· · · · · · · · · · · · · · · · · · ·	AND A
TITLE NAME			<i>i.</i>		• * *	
STREET ADDRESS			<u> </u>			
CETY-ST-ZIP			_1	•	1	
						1
NAME STREET ADDRESS			· .	e Nager		

12. I hereby certify that the information supplied with this filling 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: _

SIGNATURE AND TYPED OR PRINTED NAME OF BURNING OFFICER OR DIRECTOR

14-23-24 Date by Daytime Phone #