

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 28, 2008 8:00 am
Secretary of State

08-28-2008 90001 042 ***150.00

DOCUMENT # P07000043372

1. Entity Name

GO GREEN COMMERCIAL, INC.



Principal Place of Business

501 GOODLETTE ROAD NORTH
SUITE D100
NAPLES FL 34102

Mailing Address

501 GOODLETTE ROAD NORTH
SUITE D100
NAPLES FL 34102



2. Principal Place of Business - No P.O. Box #

843 SAINT ANDREWS BLVD

3. Mailing Address

843 SAINT ANDREWS BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E034 (4/08)

City & State

NAPLES FL

City & State

NAPLES FL

4. FEI Number

80-8847913

Applied For

Not Applicable

Zip

34113

Country

Collier

Zip

34113

Country

Collier

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CONROY, KRISTIN M
CONROY, CONROY & DURANT, P.A.
2210 VANDERBILT BEACH RD., SUITE 1201
NAPLES FL 34109

7. Name and Address of New Registered Agent

Name

Alexis Taylor

Street Address (P.O. Box Number is Not Acceptable)

712 Umberto Court

City

Naples

FL

Zip Code

34114

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 \$550.00

DUE BY September 3, 2008

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PT ☐ Delete
NAME GREENBLATT, JAMES N
STREET ADDRESS 501 GOODLETTE ROAD NORTH, SUITE D100
CITY-ST-ZIP NAPLES FL 34102

TITLE VSD ☐ Delete
NAME GREENBLATT, CHARLENE D
STREET ADDRESS 501 GOODLETTE ROAD NORTH, SUITE D100
CITY-ST-ZIP NAPLES FL 34102

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAMES N GREENBLATT 8-15-08 239-571-5355