

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000076913

FILED  
Jul 22, 2008  
Secretary of State

Entity Name: GREENER GRASS LAWN & LANDSCAPE SERVICE, INC

**Current Principal Place of Business:**

3862 EAGLE PASS STREET  
NORTH PORT, FL 34286

**New Principal Place of Business:**

**Current Mailing Address:**

3862 EAGLE PASS STREET  
NORTH PORT, FL 34286

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SWAN, LAWRENCE  
709 CAPE CORAL PKWY WEST  
CAPE CORAL, FL 33914 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PHELPS, JOSHUA A  
Address: 3862 EAGLE PASS STREET  
City-St-Zip: NORTH PORT, FL 34286

Title: VPST ( ) Delete  
Name: HORN, NICHOL M  
Address: 3862 EAGLE PASS STREET  
City-St-Zip: NORTH PORT, FL 34286

Title: D ( ) Delete  
Name: HORN, NICHOL M  
Address: 3862 EAGLE PASS STREET  
City-St-Zip: NORTH PORT, FL 34286

**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 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: JOSHUA PHELPS

PD

07/22/2008

Electronic Signature of Signing Officer or Director

Date