

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90060 050 ***158.75

DOCUMENT # P07000132671 1. Entity Name GO GREEN HOME IMPROVEMENT CO.					
Principal Place of Business 5361 SHINGLE CREEK DRIVE ORLANDO, FL 32821			Mailing Address 5361 SHINGLE CREEK DRIVE ORLANDO, FL 32821		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country <i>Orange</i>	Zip	Country <i>ORANGE</i>	4. FEI Number <i>33-1195397</i>	
5. Certificate of Status Desired ☒				Applied For Not Applicable	
6. Name and Address of Current Registered Agent AMPEL, STEWART 5361 SHINGLE CREEK DRIVE ORLANDO, FL 32821				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <i>Stewart Ampel Pres. STEWART AMPEL PRES</i> DATE: <i>2/7/08</i> (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning))					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P AMPEL, STEWART ☐ Delete 5361 SHINGLE CREEK DRIVE ORLANDO, FL 32821		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/T AMPEL, DOROTHY ☐ Delete 5361 SHINGLE CREEK DRIVE ORLANDO, FL 32821		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S AMPEL, DOROTHY ☐ Delete 5361 SHINGLE CREEK DRIVE ORLANDO, FL 32821		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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: <i>Stewart Ampel Pres. STEWART AMPEL PRES</i> DATE: <i>2/7/08</i> (Signature and typed or printed name of signing officer or director)					

Daytime Phone #