

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000105512

FILED  
May 01, 2009  
Secretary of State

Entity Name: GREEN SUPPLY OF CENTRAL FLORIDA, INC.

## Current Principal Place of Business:

1295 S. ORLANDO AVENUE  
SUITE 102  
MAITLAND, FL 32751

## New Principal Place of Business:

## Current Mailing Address:

5401 S. BRYANT AVENUE  
SANFORD, FL 32773

## New Mailing Address:

1295 S. ORLANDO AVE.  
MAITLAND, FL 32751

FEI Number: 26-3815736

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROBINSON, FRANK J III  
5401 S. BRYANT AVENUE  
SANFORD, FL 32773 US

## Name and Address of New Registered Agent:

ROBINSON, FRANK J III  
1295 S. ORLANDO AVE.  
MAITLAND, FL 32751 US

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:

05/01/2009

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: P ( ) Delete  
Name: ROBINSON, FRANK J III  
Address: 2457 HUNTERFIELD ROAD  
City-St-Zip: MAITLAND, FL 32751

Title: VP ( ) Delete  
Name: UNGARO, CARMON L  
Address: 141 DOMMERICH DRIVE  
City-St-Zip: MAITLAND, FL 32751

Title: VP ( ) Delete  
Name: MORGIONI, MATTHEW  
Address: 850 CARDINAL POINTE COVE  
City-St-Zip: SANFORD, FL 32771

Title: ST ( ) Delete  
Name: ROBINSON, KAREN L  
Address: 2457 HUNTERFIELD ROAD  
City-St-Zip: MAITLAND, FL 32751

Title: VP ( ) Delete  
Name: CARPENTIER, FRANK A  
Address: 5401 S. BRYANT AVENUE  
City-St-Zip: SANFORD, FL 32773

## 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:

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: KAREN L. ROBINSON

S/T

05/01/2009

Electronic Signature of Signing Officer or Director

Date