

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000013208

FILED  
Mar 23, 2007  
Secretary of State

Entity Name: GREEN SCAPES, INC. OF SOUTH FLORIDA

## Current Principal Place of Business:

4560 S. 25TH ST.  
FORT PIERCE, FL 34981 US

## New Principal Place of Business:

## Current Mailing Address:

6173 NW DUKE CIR  
PORT ST. LUCIE, FL 34983 US

## New Mailing Address:

4560 S. 25TH ST.  
FORT PIERCE, FL 34981 US

FEI Number: 65-0383169

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

OWENS, JOHN R  
6173 NW DUKE CIR.  
PORT ST. LUCIE, FL 34983 US

## Name and Address of New Registered Agent:

OWENS, JOHN R  
4560 S. 25TH ST.  
FORT PIERCE, FL 34981 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: JOHN OWENS

03/23/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete  
Name: OWENS, JOHN R JR  
Address: 6173 NW DUKE CIR.  
City-St-Zip: PORT ST. LUCIE, FL 34983 US

Title: DVPS ( ) Delete  
Name: OWENS, SHELLY  
Address: 6173 NW DUKE CIR.  
City-St-Zip: PORT ST. LUCIE, FL 34983 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition  
Name: OWENS, JOHN R JR  
Address: 4560 S. 25TH ST.  
City-St-Zip: FORT PIERCE, FL 34981 US

Title: DVPS (X) Change ( ) Addition  
Name: OWENS, SHELLY  
Address: 4560 S. 25TH ST.  
City-St-Zip: FORT PIERCE, FL 34981 US

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN OWENS

DPT

03/23/2007

Electronic Signature of Signing Officer or Director

Date