

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000017278

1. Entity Name
GREEN EARTH HOLDINGS, INC.



Principal Place of Business	Mailing Address
1 INDEPENDENT DRIVE SUITE 1600 JACKSONVILLE, FL 32202 US	1 INDEPENDENT DR SUITE 1600 JACKSONVILLE, FL 32202-5009 US

DO NOT WRITE IN THIS SPACE



04042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3232420	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SHIELDS, DAVID R
1 INDEPENDENT DR
SUITE 1600
JACKSONVILLE, FL 32202

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LOVETT, W. RADFORD II
STREET ADDRESS	1 INDEPENDENT DR STE 1600
CITY-ST-ZIP	JACKSONVILLE, FL 32202

TITLE	VT
NAME	SHIELDS, DAVID
STREET ADDRESS	1 INDEPENDENT DR STE 1600
CITY-ST-ZIP	JACKSONVILLE, FL 32202

TITLE	DC
NAME	LOVETT, R.D.
STREET ADDRESS	1 INDEPENDENT DR STE 1600
CITY-ST-ZIP	JACKSONVILLE, FL 32202

TITLE	S
NAME	MELLO, JEANNINE
STREET ADDRESS	1 INDEPENDENT DR STE 1600
CITY-ST-ZIP	JACKSONVILLE, FL 32202

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/15/05-80056-016 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 # _____