

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90347 046 ***150.00

DOCUMENT # P94000024114

1. Entity Name
GREEN EARTH HOLDINGS II, INC.



Principal Place of Business
**ONE INDEPENDENT DRIVE
STE 1600
JACKSONVILLE, FL 32202 US**

Mailing Address
**1 INDEPENDENT DR
SUITE 1600
JACKSONVILLE, FL 32202-5009 US**

24041310



04072004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3235844		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SHIELDS, DAVID R 1 INDEPENDENT DRIVE SUITE 1600 JACKSONVILLE, FL 32202		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11'	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOVETT, W RADFORD II <input type="checkbox"/> Delete 1 INDEPENDENT DR STE 1600 JACKSONVILLE, FL 32202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC LOVETT, R.D. <input type="checkbox"/> Delete 1 INDEPENDENT DR STE 1600 JACKSONVILLE, FL 32202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MELLO, JEANNINE <input type="checkbox"/> Delete 1 INDEPENDENT DR STE 1600 JACKSONVILLE, FL 32202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD SHIELDS, DAVID R <input type="checkbox"/> Delete 1 INDEPENDENT DR STE 1600 JACKSONVILLE, FL 32202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Shields, David R 1 Independent Dr, Suite 1600 Jacksonville, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **4-8-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #