
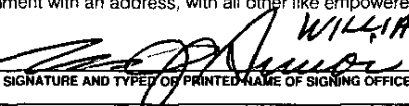


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90127 043 ***150.00

DOCUMENT # P94000064291			
1. Entity Name GREEN EARTH GARDEN CENTER, INCORPORATED			
Principal Place of Business 5175 ENGLEWOOD ROAD VENICE FL 34293		Mailing Address 5175 ENGLEWOOD ROAD VENICE FL 34293 US	
2. Principal Place of Business 702 HARRINGTON LAKE DR SO.		3. Mailing Address P.O. Box 7977	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State VENICE, FL		City & State NORTH PORT, FL	
Zip 34293	Country USA	Zip 34287	Country USA
6. Name and Address of Current Registered Agent LISCH, ERNIE C 3011 MANATEE AVENUE WEST BRADENTON FL 34205		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P SIMON, JEANETTE S 283 FAREHAM DRIVE VENICE FL 34293 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JEANETTE S. SIMON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 702 HARRINGTON LAKE DR. SO. VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SIMON, WILLIAM J 283 FAREHAM DRIVE VENICE FL 34293 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T+S WILLIAM J. SIMON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 702 HARRINGTON LAKE DR SO. VENICE, FL. 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP SIMON, MICHAEL J 3857 WOODMERE PARK BLVD., #13 VENICE FL 34293 <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	S SIMON, JOHN M <input checked="" type="checkbox"/> Delete 50 CORNELL ROAD VENICE FL 34293	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SIMON, THOMAS M <input checked="" type="checkbox"/> Delete 4970 KENT ROAD VENICE FL 34293	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: 		WILLIAM J. SIMON 4-12-04 944-408-9065	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	