2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State
04-14-2005 90106 024 ***150.00

DOCUMENT # P94000064291

1. Entity Name
GREEN EARTH GARDEN CENTER, INCORPORATED

Principal Place of Business	Mailing Address
702 HARRIGTON LAKE DR.S VENICE, FL 34293	PO BOX 77977 NORTH PORT, FL 34287 US

03262005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
8201 So TAMIAMI TRAIL	P.O. Box 7977
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SARASOTA FL.	City & State: NORTH PORT, FL.
Zip: 34238 Country: SARASOTA	Zip: 34287 Country: SARASOTA

4. FEI Number: 59-3264321 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LISCH, ERNIE C 3011 MANATEE AVENUE WEST BRADENTON, FL 34205	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SIMON, JEANETTE S 702 HARRINGTON LAKE DR. S VENICE, FL 34293	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT JEANETTE S. SIMON 815 MONTROSE DR #102 VENICE, FL. 34293	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS SIMON, WILLIAM J 702 HARRINGTON LAKE DR S. VENICE, FL 34293	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURE + SEC. WILLIAM J. SIMON 815 MONTROSE DR. #102 VENICE, FL. 34293	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP SIMON, MICHAEL J 3857 WOODMERE PARK BLVD., #13 VENICE, FL 34293	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] WILLIAM J. SIMON 4-11-05 941-496-9216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #