

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90204 043 \*\*\*150.00

DOCUMENT # P94000064291

1. Entity Name

GREEN EARTH GARDEN CENTER, INCORPORATED



Principal Place of Business

8201 S TAMPA MI TRL  
SARASOTA FL 34238  
US

Mailing Address

PO BOX 7977  
NORTH PORT FL 34287  
US



2. Principal Place of Business - No P.O. Box #

815 MONTROSE DR.

3. Mailing Address

Suite, Apt. #, etc.

# 102

Suite, Apt. #, etc.

City & State

VENICE, FL

City & State

Zip

34293

Country

US

Zip

Country

4. FEI Number 59-3264321

Applied For

Not Applicable

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

1st MOORE

CR2E034 (10/06)

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE P  
NAME SIMON, JEANETTE S  
STREET ADDRESS 815 MONTROSE DR #102  
CITY- ST- ZIP VENICE FL 34293 ☐ Delete

TITLE TS  
NAME SIMON, WILLIAM J  
STREET ADDRESS 815 MONTROSE DR #102  
CITY- ST- ZIP VENICE FL 34293 ☐ Delete

TITLE EVP  
NAME SIMON, MICHAEL J  
STREET ADDRESS 3857 WOODMERE PARK BLVD., #13  
CITY- ST- ZIP VENICE FL 34293 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

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CITY- ST- ZIP ☐ Change ☐ Addition

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 exemptions contained in Section 119, 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

WILLIAM J. SIMON

4-17-07 941-496-9216

Date

Daytime Phone #