2006-FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 31, 2006 08:00 AM DOCUMENT # P96000018092 1. Entity Name **Secretary of State** GREENTHUMB LANDSCAPING OF THE KEYS, INC. Principal Place of Business Mailing Address 118 JAMAICA ST 118 JAMAICA ST MARATHON FL 33050 MARATHON FL 33050 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 65-0644904 Not Applicat Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCFARLANDM, MCFARLAND & ASSOCIATES, INC. Street Address (P.O. Box Number is Not Acceptable) 83266 OVERSEAS HIGHWAY ISLAMORADA FL 33036 Zio Code City 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, typed or printed name of registered agent and life if applicable (NOTE Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 8 After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Adissin ☐ Delete Change HILE TITLE U000004094**8**3 NAME FORTIER, GERALD P NAME 02/08/06-80099-021 150.00 STREET ADDRESS STREET ADDRESS 118 JAMAICA STREET CITY-ST-ZIP DUCK KEY FL 33050 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME FORTIER, SHEILA G NAME STREET ADDRESS STREET ADDRESS 118 JAMAICA STREET CITY-ST-ZIP CITY - ST - ZIP DUCK KEY FL 33050 ☐ Delete TITLE Addilio TULE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP ☐ Change Adelii TITLE ☐ Defeie NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addid 33711 ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change 🔲 Addilji THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 1 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

01/27/06 3052890837

FILED