


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

**Feb 16, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # P96000055911**  
 1. Entity Name  
**GREEN APPLE SERVICES, INC.**



Principal Place of Business      Mailing Address  
**18236 CLEARBROOK CIRCLE**      **18236 CLEARBROOK CIRCLE**  
**BOCA RATON, FL 33498**      **BOCA RATON, FL 33498**

**DO NOT WRITE IN THIS SPACE**



01062004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**65-0685924**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**LAWRENCE A. LEVINE, P.A.**  
**4300 N. UNIVERSITY DRIVE**  
**SUITE A-106**  
**FORT LAUDERDALE, FL 33351**

**DO NOT WRITE IN THIS SPACE**

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.        **\$5.00 May Be Added to Fees**

UNCORRECTED  
 2004-02-16 08:00 AM

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	WEBER, TIMOTHY J
STREET ADDRESS	18236 CLEARBROOK CIRCLE
CITY-ST-ZIP	BOCA RATON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: *Tim Weber* - Tim Weber  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/04 (561) 866-9492  
 DATE AND DAYTIME PHONE #