

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90207 031 \*\*\*150.00

**DOCUMENT # P96000058742**

1. Entity Name  
**GREEN-LEAF GROWERS, INC.**



Principal Place of Business  
**4312 WOOD AVE  
SEBRING, FL 33875**

Mailing Address  
**P O BOX 7143  
SEBRING, FL 33872**

**60030894**



2. Principal Place of Business

**4415 Duffer Loop**  
Suite, Apt. #, etc.

3. Mailing Address

**4415 Duffer Loop**  
Suite, Apt. #, etc.

04252006 Chg-P CR2E034 (11/05)

City & State

**Sebring FL**

City & State

**Sebring FL**

4. FEI Number  
**65-0679961**

Applied For  
☐ Not Applicable

Zip

**33872**

Country

**USA**

Zip

**33872**

Country

**USA**

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

6. Name and Address of Current Registered Agent

**CARTER, CHERYL A  
4312 WOOD AVE  
SEBRING, FL 33872**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**4415 Duffer Loop**

City

**Sebring**

FL

Zip Code

**33872**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete  
**PD  
CARTER, CHERYL A  
4312 WOOD AVE  
SEBRING, FL 33875**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete  
**SD  
WALLACE, S. ANITA  
4312 WOOD AVE  
SEBRING, FL 33875**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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TITLE  
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STREET ADDRESS  
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TITLE  
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STREET ADDRESS  
CITY - ST - ZIP  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☒ Change ☐ Addition  
**4415 Duffer Loop  
Sebring FL 33872**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☒ Change ☐ Addition  
**4415 Duffer Loop  
Sebring FL 33872**

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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

Date

Daytime Phone #

**S. Anita Wallace** **4-15-06** **863 471 6222**