2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 16, 2007 08:00 AM Secretary of State

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1. Entity Name
GREENBALLS OF JUPITER, INC.



Principal Place of Business

9763 SW SANTA MONICA DR PALM CITY, FL 34990

Mailing Address

PO BOX 606 PALM CITY, FL 34991



DO NOT WRITE IN THIS SPACE

01102007	No Chg-P	CR2E034 (11/05)
FFI Number		Applied For

65-0696688 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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						miliar with, and accept
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	DATE	
10. TITLE NAME STREET ADDRESS	D CAMPBELL, MARK 9765 SW SANTA MONICA DR	TORS	e* .	n graden	U00000587154 01/17/07~80021~0)10 1EG 00
CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP	PALM CITY, FL 34990	,);/1;/01=000C;	130.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			grand the second	DO N	NOT WRITE	
TITLE Name Street address Chy-St-Zip				IN T	HIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Johnson Johnson		,
Trīle NAME				in the state of the	,	

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions indicated on this report or supplemental report is true and accurate and that my signature shall of the corporation or the receiver or trustee empowered to execute this report as required by Crohanged, or on an attachment with an address, with all purportise empowered. nptions contained in Chapter 119, Florida Statutes. I further certify that the information are shall have the same legal effect as if made under oath; that I am an officer or director to by Chapter 607, Florida Statutes and that my name appears in Block 10 or Block 11 if

SIGNATURE:

STREET ADDRESS CITY - ST - ZIP

MED NAME OF SIGNING OFFICER OR DIRECTOR