

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000071077

1. Entity Name
GREEN LEAF SOD FARMS, INC.



Principal Place of Business
13444 MOORE RD
LAKELAND, FL 33809

Mailing Address
13444 MOORE RD
LAKELAND, FL 33809

FILED
Mar 05, 2004 08:00 AM
Secretary of State



02092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0555676 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, DONNA L
13444 MOORE RD
LAKELAND, FL 33809

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: Donna L. Smith

Donna L. Smith V. Pres

3/2/04

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

(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

10. OFFICERS AND DIRECTORS

TITLE D
NAME SMITH, TED L
STREET ADDRESS 13444 MOORE RD
CITY-ST-ZIP LAKELAND, FL 33809

TITLE D
NAME SMITH, DONNA L
STREET ADDRESS 13444 MOORE RD
CITY-ST-ZIP LAKELAND, FL 33809

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

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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: Donna L. Smith

3/2/04

Date

Daytime Phone #