

2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90019 040 ***150.00

DOCUMENT # P96000087650

1. Entity Name

GREENUTS, INC.



Principal Place of Business

911 CHESTNUT ST
CLEARWATER FL 34617-1368

Mailing Address

911 CHESTNUT ST
CLEARWATER FL 34617-1368

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip 33756 Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip 33756 Country



MOORE

CR2E034 (11/03)

4. FEI Number 59-3414173

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HAGUE, CAROL
911 CHESTNUT ST
CLEARWATER FL 34617-1368
33756

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete
NAME HALE, MARION
STREET ADDRESS 911 CHESTNUT ST
CITY-ST-ZIP CLEARWATER FL 33756

TITLE D ☐ Delete
NAME DANIELS, ELIZABETH J
STREET ADDRESS 911 CHESTNUT STREET
CITY-ST-ZIP CLEARWATER FL 33756

TITLE D ☐ Delete
NAME HAGUE, CAROL A
STREET ADDRESS 911 CHESTNUT ST
CITY-ST-ZIP CLEARWATER FL 33756

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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: *Carol A. Hague*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/2004 727.461.1818
Date Daytime Phone #