2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED DOCUMENT # P97000009749 Jan 25, 2007 08:00 AM 1. Entity Name **Secretary of State** GREEN BENCH FLOWERS, INC. Principal Place of Business Mailing Address 10 4TH STREET NORTH 10 4TH STREET NORTH ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33701 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & Stato 4. FEI Number Applied For 59-3423716 Not Applicable Zip Country Žip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VANDERHORST, SHELLEY J Street Address (P.O. Box Number is Not Acceptable) 10 4TH STREET NORTH ST. PETERSBURG FL 33701 City Zip Codo 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 little r applicable (NOTE: Registered Agent signature required when remistating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. mo □ Change ☐ Addition Delete HILL VANDERHORST, SHELLEY J NAME NAM 10 4TH STREET NORTH STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 33701 CHY-SI-ZIP CITY+S1-7IP nnr Delete Change □ Addillon NAME MAMI STREET ADDRESS STREET ADDRESS U00000602094 CHY-SI-/IP CHY-SI-7/P <u>-022 150.80</u> Delete ☐ Change Addition ШЕ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-S1-7P 21111 ☐ Delete HTH ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP THE ☐ Delete ■ Addition TOTAL ☐ Change NAMI NAMI STREET ADDRESS STREET ADDRESS CITY-S1-71P CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAMI. STREET ADDRESS STREET ADDRESS CHY+S1-7IP CITY ST-71P 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under eath; 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.