

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90196 001 ***300.00

DOCUMENT # P98000005620 1. Entity Name GREEN GROUP HOME, INC.					
Principal Place of Business 926 N.E. 8TH AVENUE GAINESVILLE, FL 32601			Mailing Address 2820 NE 17TH TERRACE GAINESVILLE, FL 32609		
2. Principal Place of Business - No P.O. Box # 1031 NW 6th Street Suite, Apt. #, etc. Suite A-2 City & State Gainesville FLA.			3. Mailing Address Suite, Apt. #, etc. City & State Zip 32609		
Country Alachua			Country 		
4. FEI Number 59-3503025			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent GREEN, SHIRLEY A 15 S.E. 10TH STREET GAINESVILLE, FL 32601			7. Name and Address of New Registered Agent Name Shirley A. Green Street Address (P.O. Box Number is Not Acceptable) 10104 NE 81st Street City Gainesville FL Zip Code 32609		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREEN, SHIRLEY A 15 S E 10TH STREET GAINESVILLE, FL 32601	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO GREEN, JOHNNY D 15 S E 10TH STREET GAINESVILLE, FL 32601	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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:			February 19, 2007 (352) 336-2572		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		