

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P98000005620

Entity Name: GREEN GROUP HOME, INC.

FILED
Jun 02, 2009
Secretary of State

Current Principal Place of Business:

1031 NW 6TH STREET
SUITE A-2
GAINESVILLE, FL 32609

New Principal Place of Business:

Current Mailing Address:

2820 NE 17TH TERRACE
GAINESVILLE, FL 32609

New Mailing Address:

FEI Number: 59-3503025

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREEN, SHIRLEY A
10104 NE 81ST STREET
GAINESVILLE, FL 32609 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GREEN, SHIRLEY A
Address: 10104 NE 81ST STREET
City-St-Zip: GAINESVILLE, FL 32609

Title: CO () Delete
Name: GREEN, JOHNNY D
Address: 10104 NE 81ST STREET
City-St-Zip: GAINESVILLE, FL 32609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KLECKLEY, ANNETTE
Address: 311 SE 44TH STREET
City-St-Zip: GAINESVILLE, FL 32641

Title: VP (X) Change () Addition
Name: MILLER, PATRICE
Address: 1263 NE 1ST AVENUE
City-St-Zip: WILLISTON, FL 32696

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHIRLEY A. GREEN

D

06/02/2009

Electronic Signature of Signing Officer or Director

Date