## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000031266

FILED Feb 06, 2007 Secretary of State

Entity Name: GREEN THUMB NURSERY, INC. **Current Principal Place of Business: New Principal Place of Business:** 6913 SHELDON RD. TAMPA, FL 33615 **Current Mailing Address: New Mailing Address:** 6913 SHELDON RD. TAMPA, FL 33615 FEI Number: 59-3508095 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: REY, STEVEN REY, STEVEN 6406 CRESTHILL DR. 3319 PICWOOD ROAD TAMPA, FL 33615 TAMPA, FL 33618 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: STEVEN REY 02/06/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition REY, PATRICK Name: Name: 6913 SHELDON RD Address: Address: City-St-Zip: TAMPA, FL 33615 City-St-Zip: Title: Title: () Delete (X) Change ( ) Addition REY, STEVEN Name: Name: REY. STEVEN 6406 CRESTHILL DR. Address: 3319 PICWOOD ROAD Address: TAMPA, FL 33615 TAMPA, FL 33618 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: STEVEN REY MR. 02/06/2007