2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000056063

1. Entity Name
GREEN THUMB FARMERS MARKET, INC.



FILED Apr 30, 2008 08:00 AN Secretary of State

Principal Place of Business

4950 DAVIS BLVD NAPLES, FL 34104 Mailing Address 4950 DAVIS BLVD NAPLES, FL 34104



DO NOT WRITE IN THIS SPACE

04142008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For S9-3531969 Not Applied For Not Applicable

5. Certificate of Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PEPPERS, DANIEL R 4950 DAVIS BLVD NAPLES, FL 34104

DO NOT WRITE IN THIS SPACE

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 acceptine obligations of registered agent.
SIGNATURE Signature, typod or or-nited name of registered agent and fille if applicable (NOTE: Registered Agent signature required when reinstating) DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Added to Fees
10. OFFICERS AND DIRECTORS
VISILE
05/22/08-80094-018 150.00 NAME SIRELT ADDRESS CITY-S1-ZIP
TITLE NAME SIREET ADDRESS CITY-ST-2IP DO NOT WRITE
THE NAME STREET ADDRESS CITY-ST-ZIP IN THIS SPACE
THE NAME STHEEL ADDRESS CHY-ST-ZIP THE CHY-ST-ZIP
STREET ADDRESS- CITY-ST-ZIP 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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SOME OFFICER OR DIRECTOR

Dipsident

4/15/08

239-417-1051

Daytime Phone 4