


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000080372 1. Entity Name GREEN LIQUID & GAS TECHNOLOGIES INC.	
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Principal Place of Business 2900 NW 14 PLACE GAINESVILLE, FL 32605	Mailing Address 2900 NW 14 PLACE GAINESVILLE, FL 32605
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DO NOT WRITE IN THIS SPACE



02262005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3535826	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, ALEX S
2900 NW 14 PLACE
GAINESVILLE, FL 32605**

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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 accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reconstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREEN, ALEX E 2900 NW 14 PLACE GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT HILL, ALAN C 2115 NW 21ST AVE GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREEN, BRUCE 10399 NW 215 LANE RD MICHANOPY, FL 32667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE

150.00
03/01/05-80011-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Alan C. Hill **Alan C. Hill** 2/26/05 352-318-4492

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #