

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000080372

1. Entity Name
GREEN LIQUID & GAS TECHNOLOGIES INC.



Principal Place of Business
**2900 NW 14 PLACE
GAINESVILLE, FL 32605**

Mailing Address
**2900 NW 14 PLACE
GAINESVILLE, FL 32605**



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3535826

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GREEN, ALEX S
2900 NW 14 PLACE
GAINESVILLE, FL 32605**

**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 accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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01/30/06-80087-023 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Alan C. Hill *Alan C. Hill, Treasurer* 1/16/06 352 312-4492