2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000080372

1. Entity Name
GREEN LIQUID & GAS TECHNOLOGIES INC.

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

06042007 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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/08/07-80003-007 158.75

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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 6/5/07 352-318-4482
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #