2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED DOCUMENT # P99000105065 Apr 12, 2007 08:00 AM Secretary of State 1. Entity Name GREENFIELD ENVIRONMENTAL, INC. Principal Place of Business 1 Mailing Address 432 3RD STREET N SAINT PETERSBURG FL 33701 432 3RD STREET N SAINT PETERSBURG FL 33701 2. Principal Place of Business - No PO Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, otc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-3611970 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo GREENFIELD, JAMES 432 3RD ST NORTH Street Address (P.O. Box Number is Not Acceptable) SAINT PETERSBURG FL 33701 City Zip Code 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 little if applicable (NOTE, Registered Agent signifiere required when reinstalling) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ח ШЦ ☐ Change ☐ Addition ☐ Delete 11111 GREENFIELD, JAMES E NAMI NAMI U00000702543 751 37TH AVENUE, NORTH STREET ADDRESS STREET ADDRESS 04/20/07-80102-017 150.00 ST. PETERSBURG FL 33704 CITY-ST-7/P CHY-SI-ZIP ☐ Delete □ Change Addition MAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHY - S1 - 7IP HIII ☐ Delete THEF Change Addition NAMI. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY-ST-7IP Addition HHC Delete IIIIE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CHY-ST-7IP ☐ Change HHE Delete DILE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CHY-ST-ZIP 12. I heroby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under eath; 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 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 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 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 I am an officer or director of the corporation or the receiver of trustee empowered to execute that I am an officer or director of the corporation or the receiver of trustee empowered to execute that I am an officer or director of the corporation or the receiver or trustee empowered to execute that I am an officer or director of the corporation or the receiver of trustee empowered to execute that I am an officer or director of the corporation or the receiver of the I am an officer or director of the corporation or the receiver of the I am an officer or director of the corporation of the corporation or the receiver of the I am an officer or director of the corporation of the corporation