


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90039 022 ***150.00

DOCUMENT # S55356

1. Entity Name
LOBLOLLY GREEN, INC.



Principal Place of Business
**306 NEBRASKA AVE
 LONGWOOD, FL 32750**

Mailing Address
**306 NEBRASKA AVE
 LONGWOOD, FL 32750 US**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
8633 SPIKERUSH CT

3. Mailing Address
 Suite, Apt. #, etc.
8633 SPIKERUSH CT

City & State
SANFORD, FL

City & State
SANFORD, FL

Zip
32771

Country

Zip
32771

Country

04092007 Chg-P CR2E034 (12/06)

4. FEI Number
59-3079662

Applied For
 Not Applicable

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



6. Name and Address of Current Registered Agent

**KWIATKOWSKI, HARRY S.
 306 NEBRASKA AVE
 LONGWOOD, FL 32750**

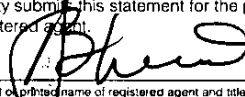
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
8633 SPIKERUSH CT

City **SANFORD** FL Zip Code **32771**

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  **HARRY S KWIATKOWSKI** **4/9/07**

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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST KWIATKOWSKI, HARRY S 306 NEBRASKA AVE LONGWOOD, FL 32750	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST KWIATKOWSKI, HARRY S 306 NEBRASKA AVE LONGWOOD, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KWIATKOWSKI, JUDITH L 306 NEBRASKA AVE LONGWOOD, FL 32750	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SPENCE, KIMBERLY 3670 TRADE STREET DELTONA, FL 32738	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KWIATKOWSKI, DAVID S 310 S E 31ST TERRACE OCALA, FL 34471	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8633 SPIKERUSH CT SANFORD, FL 32771	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8633 SPIKERUSH CT SANFORD, FL 32771	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **HARRY S KWIATKOWSKI** **4/9/07** **407 323 2248**

Signature and typed or printed name of signing officer or director Date Daytime Phone #