

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V32441

FILED  
Jul 13, 2007  
Secretary of State

Entity Name: PIXLEY GREENHOUSES, INC.

**Current Principal Place of Business:**

20900 HWY 44E  
EUSTIS, FL 32726 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1828  
EUSTIS, FL 32727

**New Mailing Address:**

FEI Number: 59-3120363      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PIXLEY, THOMAS D  
8065 LAUREL RIDGE DRIVE  
MOUNT DORA, FL 32757 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BOPP-ROBINSON, TAMARA L  
Address: 1260 HAVERSHAM WAY  
City-St-Zip: FRANKLIN, TN 37067

Title: D ( ) Delete  
Name: PIXLEY, THOMAS D  
Address: 8065 LAUREL RIDGE DRIVE  
City-St-Zip: MOUNT DORA, FL 32757

Title: S ( ) Delete  
Name: PIXLEY, MARY C  
Address: 8065 LAUREL RIDGE DR  
City-St-Zip: MOUNT DORA, FL 32757

Title: P ( ) Delete  
Name: PIXLEY-CONNOR, MELISSA P  
Address: 23134 OAK CLUSTER DRIVE  
City-St-Zip: SORRENTO, FL 32776

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: CONNOR, MELISSA P  
Address: 23134 OAK CLUSTER DRIVE  
City-St-Zip: SORRENTO, FL 32776

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELISSA P CONNOR

P

07/13/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date