

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90026 006 ***150.00

DOCUMENT # P01000038099 1. Entity Name GREENHOUSE INVESTMENTS, INC.			
Principal Place of Business 8845 THUNDERBIRD DR. PENSACOLA FL 32514		Mailing Address 1751 SCENIC HWY 98 UNIT 203 DESTON FL 32541	
2. Principal Place of Business 17510 E. 104th Pl.		3. Mailing Address ← same as place of business	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Commerce City, CO		City & State 	
Zip 80022		Country USA	
4. FEI Number NO-T APPLICABLE		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUBBELL, RICHARD R 1751 SCENIC HWY 98 #203 DESTON FL 32541	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hubbell, Richard R. 17510 E. 104th Pl. Commerce City, CO 80022 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HUBBELL, JENNIFER 8845 THUNDERBIRD DR. PENSACOLA FL 32514	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hubbell, Jennifer 17510 E. 104th Pl. Commerce City, CO 80022 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:		2/16/04 (303) 289-6856	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	