

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # 762059

1. Entity Name
GREENTREE SERVICES, INC.



Principal Place of Business
 P.O. BOX 4241
 BOYNTON BCH, FL 33424-4241

Mailing Address
 P.O. BOX 4241
 BOYNTON BCH, FL 33424-4241



04112008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2163142 Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SIFFRI, GEORGE M
 4728 B GREENTREE CIRCLE
 BOYNTON BCH, FL 33436

DO NOT WRITE IN THIS SPACE

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)

05/01/08 000000-003 61.25

Filing Fee is \$61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SIFFRI, GEORGE M
STREET ADDRESS	4728 B GREENTREE CIRCLE
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	D
NAME	QUEST, ALICE
STREET ADDRESS	4660 A GREENTREE PLACE
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	P
NAME	GLOSEFFI, ANDREW
STREET ADDRESS	4660 B FINCHWOOD TERRACE
CITY-ST-ZIP	BOYNTON BEACH, FL
TITLE	D
NAME	ORSTE, GOLIA
STREET ADDRESS	4767 GREENTREE WAY
CITY-ST-ZIP	BOYNTON BCH, FL 33436
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 617, 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: *George M. Siffri* **GEORGE M. SIFFRI** **TRES** **4/17/08** **561-737-1258**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #