

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762059

FILED
Jan 29, 2009
Secretary of State

Entity Name: GREENTREE SERVICES, INC.

Current Principal Place of Business:

P.O. BOX 4241
BOYNTON BCH, FL 334244241

New Principal Place of Business:

4728 B GREENTREE CIRCLE
BOYNTON BCH, FL 33436

Current Mailing Address:

P.O. BOX 4241
BOYNTON BCH, FL 334244241

New Mailing Address:

4728 B GREENTREE CIRCLE
BOYNTON BCH, FL 33436

FEI Number: 59-2163142 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SIFFRI, GEORGE M
Address: 4728 B GREENTREE CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D () Delete
Name: QUEST, ALICE
Address: 4660 A GREENTREE PLACE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: P () Delete
Name: GLOSEFFI, ANDREW
Address: 4660 B FINCHWOOD TERRACE
City-St-Zip: BOYNTON BEACH, FL

Title: D () Delete
Name: ORSTE, GOLIA
Address: 4767 GREENTREE WAY
City-St-Zip: BOYNTON BCH, FL 33436

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: P (X) Change () Addition
Name: GLOSEFFI, ANDREW
Address: 4660 B FINCHWOOD TERRACE
City-St-Zip: BOYNTON BEACH, FL 33436

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREW GLOSEFFI

PRES

01/29/2009

Electronic Signature of Signing Officer or Director

_____ Date