


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90165 037 ***150.00

DOCUMENT # F05000005518

1. Entity Name
GREENLIGHT PROFESSIONAL SERVICES INC.



Principal Place of Business
**SEA RAY, 200 SEA RAY DRIVE
 MERRITT ISLAND, FL 32953**

Mailing Address
**SEA RAY, 200 SEA RAY DRIVE
 MERRITT ISLAND, FL 32953**

2. Principal Place of Business - No P.O. Box #
225 Broadway

3. Mailing Address
P.O. Box 2883

Suite, Apt. #, etc.
Suite 302

Suite, Apt. #, etc.
 Suite, Apt. #, etc.

City & State
Methuen, MA

City & State
Woburn, MA


Zip
01844

Country

Zip
01888

Country

40000100



02272007 Chg-P CR2E034 (12/06)

4. FEI Number
20-1692845

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable

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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NOYES, JAMES S			NAME	Solar, Gerald L.		
STREET ADDRESS	10 CORTHELL ROAD			STREET ADDRESS	27C Powderhouse Drive		
CITY-ST-ZIP	NORTH BILLERICA, MA 01862			CITY-ST-ZIP	Boxford, MA 01921		
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SOLAR, GERALD L			NAME			
STREET ADDRESS	27C POWDERHOUSE ROAD			STREET ADDRESS			
CITY-ST-ZIP	BOXFORD, MA 01921			CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SOLAR, GERALD L			NAME	Noyes, James S.		
STREET ADDRESS	27C POWDERHOUSE DR			STREET ADDRESS	10 Corthell Road		
CITY-ST-ZIP	BOXFORD, MA 01921			CITY-ST-ZIP	North BillERICA, MA 01862		
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BANKS, EDWARD W			NAME			
STREET ADDRESS	6 LOVIS AVENUE			STREET ADDRESS			
CITY-ST-ZIP	WAKEFIELD, MA 01880			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 *Edward W. Banks* Edward W. Banks March 1, 2007 781-937-0330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #