


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90049 002 \*\*\*150.00

**DOCUMENT # P01000042690**  
 1. Entity Name  
**GREEN TURTLE CAY GREYHOUNDS, INC.**



Principal Place of Business      Mailing Address  
**17108 TIFFANY LAKE PL.**      **17108 TIFFANY LAKE PL.**  
**LUTZ, FL 33549**      **LUTZ, FL 33549**

**24017499**



2. Principal Place of Business      3. Mailing Address  
**11623 Innfields Drive**      **11623 Innfields Drive**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

01052004      Chg-P      CR2E034 (10/03)

City & State      City & State  
**Odessa, FL**      **Odessa, FL**  
 Zip      Country      Zip      Country  
**33556**      **USA**      **33556**      **USA**

4. FEI Number      Applied For  
**65-1102751**      Not Applicable  
 5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**FIELD, FRANCESCA**  
**11623 INNFIELDS DR**  
**ODESSA, FL 33556**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	FIELD, FRANCESCA	
STREET ADDRESS	11623 INNFIELDS DR	
CITY-ST-ZIP	ODESSA, FL 33556	
TITLE	S	<input type="checkbox"/> Delete
NAME	MOORE, DONNA M	
STREET ADDRESS	11623 INNFIELDS DR	
CITY-ST-ZIP	ODESSA, FL 33556	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Francesca K Field      Date: 3-5-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #