


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90026 025 \*\*\*158.75

**DOCUMENT # P02000071891**  
 1. Entity Name  
**GREEN BROTHERS CONSTRUCTION, INC.**



Principal Place of Business      Mailing Address  
**8030 98TH AVE**      **8030 98TH AVE**  
**VERO BEACH FL 32967**      **VERO BEACH FL 32967**

**54023354**



MOORE CR2E034 (11/03)

2. Principal Place of Business      3. Mailing Address  
**705-D Sebastian Blvd**      **705-D Sebastian Blvd**

City & State      City & State  
**Sebastian FL**      **Sebastian FL**

Zip      Country      Zip      Country  
**32958**      **Indian River**      **32958**      **Indian River**

4. FEI Number      Applied For  
**01-0729229**       Not Applicable

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

6. Name and Address of Current Registered Agent  
**WIKFORS, MARSHA P ESQ**  
**979 BEACHLAND BLVD**  
**VERO BEACH FL 32963**

7. Name and Address of New Registered Agent  
 Name **William A. Green II**  
 Street Address (P.O. Box Number is Not Acceptable)  
**705-D Sebastian Blvd.**  
 City **Sebastian**      FL      Zip Code **32958**

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 *William A. Green II*      **William A. Green II**      Pres      **3/25/04**  
(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**

TITLE	D	<input type="checkbox"/> Delete
NAME	<b>GREEN, WILLIAM A II</b>	
STREET ADDRESS	<b>8030 98TH AVE</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32967</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>GREEN, TAMMY R</b>	
STREET ADDRESS	<b>8030 98TH AVE</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32967</b>	
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: *William A. Green II*      **3/25/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #