2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90305 032 ***150.00

24062219

MOORE CR2E034 (11/03)

DOCUMENT # S67360

1. Entity Name
WILLIAM GREENE ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
~~11450 W SAMPLE ROAD~~ ~~CORAL SPRINGS FL 33065~~	~~11450 W SAMPLE ROAD~~ ~~CORAL SPRINGS FL 33065~~

2. Principal Place of Business		3. Mailing Address	
2300 W SAMPLE RD		2300 W SAMPLE RD	
Suite, Apt. #, etc. 104		Suite, Apt. #, etc. 104	
City & State Pompano Bch, FL		City & State Pompano Bch, FL	
Zip 33073	Country USA	Zip 33073	Country USA

4. FEI Number 65-0276476 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GREENE, WILLIAM
11450 W SAMPLE ROAD
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name: William Greene
Street Address (P.O. Box Number is Not Acceptable): 2300 W SAMPLE RD
City: Pompano Bch, FL **FL** Zip Code: 33073

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 Greene 4/25/04
Signature, typed or printed name of registered agent and title if applicable. (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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GREENE, WILLIAM		NAME	
STREET ADDRESS	11450 W SAMPLE RD		STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GREENE, FRANCINE		NAME	
STREET ADDRESS	11450 W SAMPLE RD		STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ 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 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 Greene 4/25/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #