

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90082 041 ***150.00

DOCUMENT # L04728

1. Entity Name
GREENCO MANUFACTURING CORP.



Principal Place of Business
**5688 W. CRENSHAW
TAMPA, FL 33634**

Mailing Address
**5688 W. CRENSHAW
TAMPA, FL 33634**

20015260



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02022005

Chg-P

CR2E034 (10/03)

4. FEI Number
38-2348484

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ALLISON, MICHELE J
5688 WEST CRENSHAW
TAMPA, FL 33634**

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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PAT** ☒ Delete
NAME **GREEN, JOSEPH T.**
STREET ADDRESS **5688 W. CRENSHAW**
CITY-ST-ZIP **TAMPA, FL 33634**

TITLE **SV** ☐ Delete
NAME **ALLISON, MICHELE**
STREET ADDRESS **5688 W. CRENSHAW**
CITY-ST-ZIP **TAMPA, FL 33634**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT - ONLY** ☒ Change ☐ Addition
NAME **Joseph T. Green**
STREET ADDRESS **5688 W. Crenshaw**
CITY-ST-ZIP **Tampa, FL 33634**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/15/05 - 813-882-4400

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Annual Report

Document Number

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Business Entity Name

GREENCO MANUFACTURING CORP.

FEI Number

382348484

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired

☐ Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address 5688 W. CRENSHAW

Suite, Apt. #, etc.

City, State TAMPA, FL

Zip Code & Country 33634

Mailing Address

Address 5688 W. CRENSHAW

Suite, Apt. #, etc.

City, State TAMPA, FL

Zip Code & Country 33634

Name And Address of Registered Agent

Name (Last, First, Middle, Title) ALLISON, MICHELE, J.

-or- RA Business Name

Address 5688 WEST CRENSHAW

Suite, Apt. #, etc.

City, State TAMPA, FL

Zip Code & Country 33634 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its

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own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name And Address

Title PT PT
Name (Last, First, Middle, Title) _____
-or- Entity Name GREEN, JOSEPH T.
Street Address 5688 W. CRENSHAW
City, State TAMPA, FL
Zip Code & Country 33634

Title SV
Name (Last, First, Middle, Title) _____
-or- Entity Name ALLISON, MICHELE
Street Address 5688 W. CRENSHAW
City, State TAMPA, FL
Zip Code & Country 33634

Title _____
Name (Last, First, Middle, Title) _____
-or- Entity Name _____
Street Address _____
City, State _____, _____
Zip Code & Country _____

Title _____
Name (Last, First, Middle, Title) _____
-or- Entity Name _____
Street Address _____
City, State _____, _____
Zip Code & Country _____

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Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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