

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000024557

1. Entity Name
**GREENWOOD & ASSOCIATES EXECUTIVE SEARCH
AND CONSULTING, INC.**



Principal Place of Business
**42 BUSINESS CENTER DR. SUITE 307
MIRAMAR BEACH, FL 32550**

Mailing Address
**42 BUSINESS CENTER DR. SUITE 307
MIRAMAR BEACH, FL 32550**

DO NOT WRITE IN THIS SPACE



01232007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0685960

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HELMICH, KEVIN M
4481 LEGENDARY DR
DESTIN, FL 32541**

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **GREENWOOD, JANET K**
STREET ADDRESS **1503D NORTH COLONIAL TERR**
CITY-ST-ZIP **ARLINGTON, VA 22209**

TITLE **D**
NAME **ASHER, BETTY T**
STREET ADDRESS **740 INDIGO LOOP**
CITY-ST-ZIP **DESTIN, FL 32550**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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U00000658772
03/16/07-80002-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Betty Asher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-07
Date

Daytime Phone #