


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 116007</b>	
<b>1. Entity Name</b> GREENE'S DRY GOODS COMPANY	

<b>Principal Place of Business</b> 51 W FLAGLER AVE STE 205 STUART, FL 34994 US	<b>Mailing Address</b> 51 W FLAGLER AVE STE 205 STUART, FL 34994 US
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02152006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 59-0273260	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  GREENE, GARY L 51 W. FLAGLER AVE SUITE 205 STUART, FL 34994
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**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

000000444266  
03/06/06-80045-006 150.00

10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PD GREENE, GARY L 51 W. FLAGLER AVE. STUART, FL
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DS GREENE, EMILY R. 51 W. FLAGLER AVE. STUART, FL
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	V ALLEN, DEBRA 51 W FLAGLER AVE STUART, FL
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D BLANKENSHIP, JANET G 51 W FLAGLER AVE STUART, FL
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	

**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:** *Gary L Greene* **Pres** **2-16-06** **772-287-2567**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #