


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90098 013 ***150.00

DOCUMENT # 182611 1. Entity Name MARTIN L. GREENE CORPORATION			
Principal Place of Business 805 COLORADO AVE. STUART, FL 34994 US		Mailing Address 1837 GREY POINTE DR BRENTWOOD, TN 37027 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 10325 Birch Tree Lane	
City & State		City & State WINDERMERE, FL	
Zip	Country	Zip 34786	Country USA
4. FEI Number 59-0734881		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GREENE, MICHAEL L 1821 MAPLE LEAF DR. WINDERMERE, FL 34786		7. Name and Address of New Registered Agent Name GREENE, Michael L. Street Address (P.O. Box Number is Not Acceptable) 10325 BIRCH TREE LANE City WINDERMERE FL Zip 34786	
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 <u><i>Michael L. Greene</i></u> Michael L. Greene DATE <u><i>January 16, 2006</i></u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREENE, MICHAEL L 1821 MAPLE LEAF DR WINDERMERE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD [REDACTED]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREENE, MICHAEL II 1821 MAPLE LEAF DR WINDERMERE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD [REDACTED]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DEMEO, SUSAN 1837 GREY POINTE DR BRENTWOOD, TN 37027	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[REDACTED]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[REDACTED]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[REDACTED]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[REDACTED]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[REDACTED]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[REDACTED]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[REDACTED]
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 <u><i>Michael L. Greene II</i></u> Michael L. Greene II		Date 01-16-06 Daytime Phone # 3212172114	