## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Jan 08, 2007 8:00 am Secretary of State 01-08-2007 90240 018 \*\*\*150.00 **DOCUMENT # 182611** MARTIN L. GREENE CORPORATION Principal Place of Business Mailing Address 60000409 805 COLORADO AVE. 10325 BIRCH TREE LANE STUART, FL 34994 WINDERMERE, FL 34786 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 59-0734881 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GREENE, MICHAEL L Street Address (P.O. Box Number is Not Acceptable) 10325 BIRCH TREE LANE WINDERMERE, FL 34786 City 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. It am familiar with, and accept the obligations of registered agen-(NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. VD TITLE Defete THE NAME GREENE, MICHAEL L NAME 1821 MAPLE LEAF DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINDERMERE, FL CITY-ST-7/P TITLE ☐ Delete TITLE [] Change ☐ Addition GREENE, MICHAEL II NAME NAME STREET ADDRESS 1821 MAPLE LEAF DR STREET ADDRESS CITY-ST-ZIP WINDERMERE, FL CITY-ST-ZIP TITLE X Delete TITLE ☐ Change Addition DEMEO, SUSAN NAME NAME 1837 GREY POINTE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRENTWOOD, TN 37027 CITY-ST-ZIP DILE Delete mle ☐ Change ☐ Addition NAME MAARE 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 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby 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 the empowered.

Michael L. GREENE

**FILED**