2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 229680

FT. MCCOY, FL

City-St-Zip:

Entity Name: HASTY-GREENE INVESTMENTS, INC.

FILED Apr 20, 2005 Secretary of State

Current Pr	incipal Place	of Business:	New Prince	New Principal Place of Business:		
	TION OF HW COY, FL 3213	Y. 315 & HWY. 316 34				
Current Mailing Address:			New Maili	New Mailing Address:		
INTERSECTION OF HWY. 315 & HWY. 316 FORT MC COY, FL 32134				P O BOX 8 FORT MC COY, FL 32134		
FEI Number:	El Number: 59-0917265 FEI Number Applied For ()		FEI Number Not Appl	El Number Not Applicable () Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
P.O. BOX 8 S.E.CORN		TY RDS 315 & 316 JS				
The above in the State		submits this statement for the pu	rpose of changing i	ts registered o	office or registered agent, or both,	
SIGNATUR	RE:					
	Electron	ic Signature of Registered Agen	t	Date		
Election Can	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name:	GREENE, JACK S.E.CORN.OF (FT.MCCOY, FL STD () GREENE, RAY S.E.CORN. OF FT.MCCOY, FL	Delete CO.#315&316 CO.#315&316 Delete	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name:	GREENE, JAC S.E.CORN.OF FT.MCCOY, FL	CO.#315&316	
Address: City-St-Zip: Title: Name: Address:	6770 NE 175TH CITRA, FL	ST ROAD 00000, Delete BEDFORD S	Address: City-St-Zip: Title: Name: Address:	() Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: C. RAY GREENE, III STD 04/20/2005