# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 25, 2007**
**Secretary of State**

DOCUMENT# 229680

**Entity Name:** HASTY-GREENE INVESTMENTS, INC.

**Current Principal Place of Business:**

11516 EAST HWY. 316
FORT MC COY, FL 32134

**New Principal Place of Business:**

233 SW 3RD STREET
OCALA, FL 34474

**Current Mailing Address:**

P O BOX 8
FORT MC COY, FL 32134

**New Mailing Address:**

P O BOX 1956
OCALA, FL 34478

**FEI Number: 59-0917265** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GREENE, III, C R DST
P.O. BOX 8
11516 EAST HWY. 316
FT. MCCOY, FL 32134 US

**Name and Address of New Registered Agent:**

GREENE, III, C R DST
233 SW 3RD STREET
OCALA, FL 34474 US

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.

SIGNATURE: _____ 04/25/2007
Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: GREENE, JACK A
Address: 11516 EAST HWY. 316
City-St-Zip: FT.MCCOY, FL 32134

Title: STD ( ) Delete
Name: GREENE, C. RAY III,
Address: 11516 EAST HWY. 316
City-St-Zip: FT.MCCOY, FL 32134

Title: VD ( ) Delete
Name: GREENE, WM. BEDFORD S
Address: 11516 EAST HWY. 316
City-St-Zip: FT. MCCOY, FL 32134

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: GREENE, JACK A
Address: P O BOX 1956
City-St-Zip: OCALA, FL 34478

Title: STD (X) Change ( ) Addition
Name: GREENE, C. RAY III,
Address: P O BOX 1956
City-St-Zip: OCALA, FL 34478

Title: VD (X) Change ( ) Addition
Name: GREENE, WM. BEDFORD SR
Address: P O BOX 1956
City-St-Zip: OCALA, FL 34478

Title: AS ( ) Change (X) Addition
Name: GREENE, SUE
Address: P O BOX 1956
City-St-Zip: OCALA, FL 34478

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: C. RAY GREENE, III STD 04/25/2007
Electronic Signature of Signing Officer or Director — Date