


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 368156**  
 1. Entity Name  
**GREEN CAY FARMS, INC.**



Principal Place of Business      Mailing Address  
**12750 HAGEN RANCH ROAD**      **12750 HAGEN RANCH ROAD**  
**BOYNTON BEACH FL 33437**      **BOYNTON BEACH FL 33437**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

Zip      Country      Zip      Country



MOORE CR2E034 (11/03)

**6. Name and Address of Current Registered Agent**  
**WINSBERG, T**  
**12750 HAGEN RANCH ROAD**  
**BOYNTON BEACH FL 33437**

4. FEI Number **59-1301536**      Applied For  
 Not Applicable

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-installing)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		
TITLE	DS	<input type="checkbox"/> Delete
NAME	WINSBERG, G	
STREET ADDRESS	12750 HAGEN RANCH ROAD	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WINSBERG, T	
STREET ADDRESS	12750 HAGEN RANCH ROAD	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JAMESON, SYLVIA W	
STREET ADDRESS	12750 HAGEN RANCH ROAD	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000016160	
CITY-ST-ZIP	01/28/04-80044-002 150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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:** *Gertrude R. Winsberg*      *Nedy/Treas*      *1/22/04*      *(561) 499-5345*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #