

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # 423715**

1. Entity Name  
**HAROLD GREENE AND SONS, INC.**



**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

Principal Place of Business  
**2044 SE 16 ST  
CAPE CORAL, FL 33990 US**

Mailing Address  
**2044 SE 16 ST  
CAPE CORAL, FL 33990 US**



02252004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1464062</b>	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**GARY H GREENE  
2044 S E 16 STREET  
CAPE CORAL, FL 33990**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	GREENE, GARY H.
STREET ADDRESS	2044 SE 16TH ST
CITY- ST- ZIP	CAPE CORAL, FL
TITLE	VST
NAME	GREENE, MYRA K
STREET ADDRESS	2044 SE 16TH ST
CITY- ST- ZIP	CAPE CORAL, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

000000119992  
04/19/04-80117-020 158.75

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:** Gary H. Greene **Gary H. Greene** 4/16/2004 239-574-5502  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Debit Phone #