

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 533022

1. Entity Name
LONGWOOD GREEN, INC.



Principal Place of Business
1211 STATE RD. 436
STE. 127
CASSELBERRY, FL 32707

Mailing Address
1211 STATE RD. 436
STE. 127
CASSELBERRY, FL 32707

FILED
May 02, 2007 08:00 AM
Secretary of State



04302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1915804

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COOK, ALBERT R
1211 STATE RD. 436, STE. 127
CASSELBERRY, FL 32707

**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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000753797
05/22/07-80035-025 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PINKNEY, JOHN C.
STREET ADDRESS 290 KING ST
CITY-ST-ZIP OAKVILLE ON CAN,

TITLE VSTD
NAME PINKNEY, BRIAN N.
STREET ADDRESS 290 KING ST
CITY-ST-ZIP OAKVILLE ON CAN,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**

12. I hereby 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 like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ap 30'07
Date

Daytime Phone # _____