


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 567717**  
1. Entity Name  
**ROBERT E. GREENE, INC.**



Principal Place of Business      Mailing Address  
**51 W. FLAGLER AVE.**      **51 W. FLAGLER AVE.**  
**STUART, FL 34994**      **STUART, FL 34994**

**DO NOT WRITE IN THIS SPACE**



01142004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**59-1810935**      Not Applicable

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

6. Name and Address of Current Registered Agent

**GREENE, GARY L**  
**51 W FLAGLER AVE**  
**SUITE 205**  
**STUART, FL 33494**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS

|                |                      |
|----------------|----------------------|
| TITLE          | DP                   |
| NAME           | GREENE, GARY L.      |
| STREET ADDRESS | 51 W. FLAGLER AVE.   |
| CITY-ST-ZIP    | STUART, FL           |
| TITLE          | D                    |
| NAME           | GREENE, EMILY R.     |
| STREET ADDRESS | 51 W. FLAGLER AVE.   |
| CITY-ST-ZIP    | STUART, FL           |
| TITLE          | D                    |
| NAME           | ALLEN, DEBRA         |
| STREET ADDRESS | 51 W FLAGLER AVE     |
| CITY-ST-ZIP    | STUART, FL           |
| TITLE          | D                    |
| NAME           | BLANKENSHIP, JANET G |
| STREET ADDRESS | 51 W FLAGLER AVE     |
| CITY-ST-ZIP    | STUART, FL           |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY-ST-ZIP    |                      |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY-ST-ZIP    |                      |

**DO NOT WRITE IN THIS SPACE**

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02/16/04-80053-021 150.00

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 another like empowered.

**SIGNATURE:** *Gary E. Greene*      Pres      1-15-04      772-287-2567

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #