


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2005 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.
STUART, FL 34994** **51 W. FLAGLER AVE.
STUART, FL 34994**



02102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1810935 Applied For
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 _____
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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

UN0000222142
02/14/05-80066-024 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, 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 L. Greene* (Pres) 2-11-05 772-287-2567
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #