


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 567717 1. Entity Name ROBERT E. GREENE, INC.	
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Principal Place of Business 51 W. FLAGLER AVE. STUART, FL 34994	Mailing Address 51 W. FLAGLER AVE. STUART, FL 34994
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DO NOT WRITE IN THIS SPACE



02152006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1810935	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. 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, 2006 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	

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IN THIS SPACE**

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03/06/06-80039-011 150.00

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: *Ray Greene* (Pres) **2-16-06** **772-287-2567**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone