

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003184

FILED  
Feb 21, 2005  
Secretary of State

**Entity Name:** GREENLEAF CAPITAL MANAGEMENT SERVICES, INCORPORATED

**Current Principal Place of Business:**

433 WEST FOURTH ST.  
BOCA GRANDE, FL 33921

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1585  
BOCA GRANDE, FL 33921

**New Mailing Address:**

**FEI Number:** 34-1192404

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GREENLEAF, GEOFFREY J  
5000 GASPARILLA RD.  
BOCA GRANDE, FL 33921 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: CPT ( ) Delete  
Name: GREENLEAF, GEOFFREY J  
Address: 20600 CHAGRIN BLVD., STE. 803  
City-St-Zip: SHAKER HTS., OH 44122

Title: DVS ( ) Delete  
Name: COWELL, ENSIGN J  
Address: 20600 CHAGRIN BLVD., STE. 803  
City-St-Zip: SHAKER HTS., OH 44122

Title: D ( ) Delete  
Name: MCMILLAN, S. STERLING III  
Address: 20600 CHAGRIN BLVD., STE. 803  
City-St-Zip: SHAKER HTS., OH 44122

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** GEOFFREY J. GREENLEAF

CPT

02/21/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date