

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F05000005518**

1. Entity Name  
**GREENLIGHT PROFESSIONAL SERVICES INC.**



Principal Place of Business  
**SEA RAY, 200 SEA RAY DRIVE  
MERRITT ISLAND, FL 32953**

Mailing Address  
**SEA RAY, 200 SEA RAY DRIVE  
MERRITT ISLAND, FL 32953**



04182006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**20-1692845**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**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 file 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**

U00000527920  
05/05/06-80016-005 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
NOYES, JAMES S  
10 CORTHELL ROAD  
NORTH BILLERICA, MA 01862**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
SOLAR, GERALD L  
27C POWDERHOUSE ROAD  
BOXFORD, MA 01921**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
SOLAR, GERALD L  
27C POWDERHOUSE DR  
BOXFORD, MA 01921**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
BANKS, EDWARD W  
6 LOVIS AVENUE  
WAKEFIELD, MA 01880**

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

4/18/06

Date

781-987-0330

Daytime Phone #