

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F06960**

1. Entity Name  
**GREENES CITRUS MANAGEMENT, INC.**



Principal Place of Business  
**2075 38TH AVENUE  
VERO BEACH, FL 32960**

Mailing Address  
**2075 38TH AVENUE  
VERO BEACH, FL 32960**



01102007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2063515**

Applied For  
Not Applicable

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

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

**GREENE, GRIFFIN A.  
955 58TH AVENUE  
VERO BEACH, FL 32966**

**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, 2007 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  
**PDP  
GREENE, GRIFFIN A.  
895 REEF ROAD  
VERO BEACH, FL 32963**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPDV  
GREENE, BARNETTE E JR  
4855-16TH ST  
VERO BEACH, FL 32966**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TDT  
GREENE, HARIOT H  
4855-16TH ST  
VERO BEACH, FL 32966**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SDS  
GREENE, JANIE E  
2075 38TH AV  
VERO BEACH, FL 32960**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000590528  
01/18/07-80055-024 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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

Date

Daytime Phone #

*Griffin A. Greene* 1/15/07 772-778-4220