

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F94000001061

1. Entity Name  
JOHN GREENE CORPORATION



Principal Place of Business

3516 NORVELL BRYANT HWY.  
HERNANDO, FL 32642

Mailing Address

PO BOX 663  
COMMACK, NY 11725

FILED  
Jul 12, 2004 08:00 AM  
Secretary of State



07072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
36-2799479

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

XL CORPORATE SERVICES, INC.  
4435 OLD WINTER GARDEN RD  
ORLANDO, FL 32802

**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 restate)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

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	P LANZARONE, ROBERT 3516 NORVELL BRYANT HWY. HERNANDO, FL 32642
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V LANZARONE, EDWARD J 3516 NORVELL BRYANT HWY. HERNANDO, FL 32642
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S LANZARONE, MARIA 3516 NORVELL BRYANT HWY. HERNANDO, FL 32642
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T CRUZ, SUSAN J L 3516 NORVELL BRYANT HWY. HERNANDO, FL 32642
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

1100000165338  
07/12/04-80010-009 558.75

**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 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 #