

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

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



01052005 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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100100175938
01/10/05-80071-005 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME LANZARONE, ROBERT
STREET ADDRESS 3516 NORVELL BRYANT HWY.
CITY-ST-ZIP HERNANDO, FL 32642

TITLE V
NAME LANZARONE, EDWARD J
STREET ADDRESS 3516 NORVELL BRYANT HWY.
CITY-ST-ZIP HERNANDO, FL 32642

TITLE S
NAME LANZARONE, MARIA
STREET ADDRESS 3516 NORVELL BRYANT HWY.
CITY-ST-ZIP HERNANDO, FL 32642

TITLE T
NAME CRUZ, SUSAN J L
STREET ADDRESS 3516 NORVELL BRYANT HWY.
CITY-ST-ZIP HERNANDO, FL 32642

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

EDWARD J. LANZARONE

1/7/05

(631) 231-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #