

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 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



01082007 No Chg-P CR2E034 (11/05)

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000588403
01/17/07-80070-024 150.00

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	

**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:

EDWARD J. LANZARONE

1/8/07

(631) 231-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #