

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 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

DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

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

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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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000780149
 01/14/08-80003-025 150 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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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 EDWARD J. LANZARONE 11/4/08 631 231-4520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #