2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000001061

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Entity Name: JOHN GREENE CORPORATION

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3516 NORVELL BRYANT HWY.

3516 NORVELL BRYANT HWY.

LANZARONE, MARIA

CRUZ, SUSAN J L

HERNANDO, FL 32642

HERNANDO, FL 32642

FILED Jan 05, 2009 Secretary of State

Entity Nan	ie: JOHN GE	REENE CORPORATION					
Current Principal Place of Business:				New Principal Place of Business:			
3516 E NORVEL BRYANT HWY HERNANDO, FL 32642				3516 E NORVEL BRYANT HWY HERNANDO, FL 34442			
Current Mailing Address:				New Mailing Address:			
PO BOX 66 COMMACK	3 (, NY 11725						
FEI Number: 36-2799479 FEI Number Applied For () F		FEI Number Not	applicable ()	Certificate of Status Desired ()			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
515 E PARI TALLAHAS	K AVE SEE, FL 323 named entity:	CORPORATE SERVICES, INC 01 US submits this statement for the pu		ng its registere	ed office or registered agent, or	· both,	
SIGNATUR							
		ic Signature of Registered Ager	nt		Date		
Election Cam	paign Financing	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDIT	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	LANZARONE, F	BRYANT HWY.	Title: Name: Address: City-St-Z	3516 NOR	(X) Change () Addition NE, ROBERT VELL BRYANT HWY. O, FL 34442		
Title: Name: Address: City-St-Zip:	LANZARONE, É	BRYANT HWY.	Title: Name: Address: City-St-Z	3516 NOR	(X) Change()Addition NE, EDWARD J VELL BRYANT HWY. O, FL 34442		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

SIGNATURE: EDWARD J LANZARONE V 01/05/2009

(X) Change () Addition

(X) Change () Addition

LANZARONE, MARIA

CRUZ, SUSAN J L

HERNANDO, FL 34442

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