


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # F98000001076	
1. Entity Name GREENFIELD BUILDERS, INC. OF INDIANA	

Principal Place of Business 3144 NORTH SHADELAND AVENUE INDIANAPOLIS, IN 46226	Mailing Address 3144 NORTH SHADELAND AVENUE INDIANAPOLIS, IN 46226
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01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 35-1433233	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**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 _____ (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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C EDWARDS, GARY 3144 NORTH SHADELAND AVENUE INDIANAPOLIS, IN 46226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GREENWALT, JEFFREY A 3144 NORTH SHADELAND AVENUE INDIANAPOLIS, IN 46226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS LAUGHLIN, JAN 3144 NORTH SHADELAND AVENUE INDIANAPOLIS, IN 46226
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01/19/05-80015-004 150.00

**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 119.07(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:

Jan Laughlin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/05
Date

(317)860-2340
Daytime Phone #