

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2006 08:00 AM
Secretary of State

DOCUMENT # G11703

1. Entity Name
 GREENE, DYCUS & CO., P.A.



Principal Place of Business
 C/O WILLIAM T. ROYSTER
 205 N. ELM AVE.
 SANFORD, FL 32771-1274

Mailing Address
 C/O WILLIAM T. ROYSTER
 205 N. ELM AVE.
 SANFORD, FL 32771-1274



01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-2235346 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROYSTER, WILLIAM T
 205 N ELM AVENUE
 SANFORD, FL 32771

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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE CPD
 NAME DYCUS, JAMES R
 STREET ADDRESS 2305 MELLONVILLE AVE
 CITY-ST-ZIP SANFORD, FL

TITLE TO
 NAME ROYSTER, WILLIAM
 STREET ADDRESS 118 LARKWOOD DR
 CITY-ST-ZIP SANFORD, FL

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

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000000399809
 02/01/06-80028-001 150.00

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: *William T. Royster, Treasurer*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/06
 Date

Daytime Phone #