


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90242 031 \*\*\*150.00

<b>DOCUMENT # H25000</b> 1. Entity Name <b>JOSEPH S. GREENLEES, INC.</b>	
--	---

Principal Place of Business <b>6050 BABCOCK ST. SE PALM BAY FL 32909 US</b>	Mailing Address <b>5409 BUCHANAN DRIVE FT. PIERCE FL 34982</b>
--	---



2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address <b>P.O. Box 500364</b>  Suite, Apt. #, etc.
---	---

1st MOORE CR2E034 (10/05)

City & State <b>Malabar FL</b>	City & State <b>Malabar FL</b>
Zip <b>32950</b>	Country <b>Brevard</b>

4. FEI Number <b>59-2457764</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
---	---------------------------------------

6. Name and Address of Current Registered Agent  <b>GREENLEES, JOSEPH S. 5409 BUCHANAN DR. FT PIERCE FL 34982</b>	7. Name and Address of New Registered Agent Name <b>VICKI L Brace</b> Street Address (P.O. Box Number is Not Acceptable) <b>2575 Cason Lane</b> City <b>MALABAR</b> FL Zip Code <b>32950</b>
---	---

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 <b>Vicki L Brace</b> <small>Signature, typed or printed name of registered agent and title if applicable</small>	<b>VICKI L Brace Pres.</b> <small>(NOTE: Registered Agent signature required when reappointing)</small> DATE <b>4-18-06</b>

<b>FILE NOW!!! FEE IS \$150.00.</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BRACE, VICKI L 2575 CASON LN MALABAR FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP BRACE, ERROL R 2575 CASON LN MALABAR FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S BRACE, ERROL 2575 CASON LN MALABAR FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T BRACE, VICKI L 2575 CASON LN MALABAR FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **Vicki L Brace** **VICKI L BRACE** **4-18-06** **321-727-7000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #