

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90020 001 ***150.00

DOCUMENT # H28947	
1. Entity Name LOPER-GREENE DEVELOPMENT CORPORATION	

Principal Place of Business 5336 BOLD VENTURE PLACE WESLEY CHAPEL FL 33544 US	Mailing Address 5336 BOLD VENTURE PLACE WESLEY CHAPEL FL 33544 US
---	---



2. Principal Place of Business 42 GREENTREE ST Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

1st MOORE CR2E034 (10/05)

City & State Homosassa, FL	City & State	4. FEI Number 59-2474953	Applied For <input type="checkbox"/> Not Applicable
Zip 34446	Country CITRUS	Zip	Country

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

6. Name and Address of Current Registered Agent LOPER, EDWARD T. 5336 BOLD VENTURE PL WESLEY CHAPEL FL 33544		7. Name and Address of New Registered Agent Name EDWARD T LOPER Street Address (P.O. Box Number is Not Acceptable) 42 GREENTREE ST City HOMOSASSA FL Zip Code 34446	
--	--	---	--

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 Edward T Loper DATE 2/10/06
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, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	------------------------------------

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LOPER, EDWARD T		NAME	
STREET ADDRESS 5336 BOLD VENTURE PL		STREET ADDRESS	
CITY-ST-ZIP WESLEY CHAPEL FL 33544		CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARRIGAN, KIMBERLY		NAME	
STREET ADDRESS 3955 WATERVIEW LOOP		STREET ADDRESS	
CITY-ST-ZIP WINTER PARK FL 32792		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Edward T Loper **EDWARD T LOPER** DATE 2/10/06 813 713-3640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR