2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 15, 2004 8:00 am Secretary of State

DOCUMENT # H65156 1. Entity Name GREENE ROAD LAND CO.						01-15-2004	1 90010 0	47 ***1:	50.00
Principal Place	e of Business		7						
4417 BEACH BLVD 4417 BEACH BLV									
#200	07 UC	200							
JAX, FL 3220	07 US	JAX, FL 32207 US				III OHO KODI OHO		1/1/1 HILU 1/1/1	1 13 1 1 11 1
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01052004 Chg-P CR2E034 (10/03)				
City & State		City & State	City & State		4. FEI Number 59-25762	252		_ _ 	plied For t Applicable
Zip	Country	Country Zip Cou		itry	5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Address of Curren	tegistered Agent			7. Name and Address of New Registered Agent				
DIOICO AL				Name					
RICKS, AL 255 N LIBE JACKSON		Street Address (P.O. Box Number is Not Acceptable) 601 Riverside Ave., 11th Floor							
Aug e				City 1 Zin.Code					
The above named entity submits this statement for the purpose of changing its register.				Gacksonville FL 32284					
	ions of registered agent.	or the purpose of changing its	register	ed dilice di registe	ered agent, or both,	in the State of Fig	nua. Tamia	ппивал міцп, з	and accept
01011471177									
SIGNATURE_	Signature, typed or printed name of registered ager	and title if applicable. (NOT	E: Registere	d Agent signature require	ed when reinstating)		DATE	•, `	*
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550	9. Election Campa Trust Fund Cont	-		5.00 May Be ded to Fees			0	
10.	OFFICERS AND	DIRECTORS	11.	•••	ADDITIONS/C	HANGES TO OFFI	CERS AND I	DIRECTORS	3 IN 11"
TITLE	DP	☐ Delete	TITU	E				☐ Change	Addition
NAME	PHILLIPS, PHILIP B., JR.		NAM	IE .				_ •	_
STREET ADDRESS	3728 PHILLIPS HWY #39			EET ADDRESS					
CITY-ST-ZIP	JACKSONVILLE, FL 32207			-ST-ZIP					
TITLE NAME	D VON DONNERSMARCK, W.	☐ Delete	TITL:					☐ Change	☐ Addition
STREET ADDRESS	TALSTRASSEE 66			EET ADDRESS					1
CITY-ST-ZIP	CH 8001 ZURICH, SW			-ST-ZIP					
TITLE	D	☐ Delete	TITL	E				☐ Change	Addition
NAME	STAUDER, CLAUS	.* ·	NAM		_ ••	***	-		
STREET ADDRESS	STAUDERSTRASSE 88			EET ADDRESS					
CITY-ST-ZIP	45326 ESŞEN, GE	П выш	╋	'-ST-ZIP		***		Change	[T] Artainta-
TITLE NAME	S RICKS, ALÉX J.	☐ Delete	TITU NAM					Change	Addition i
STREET ADDRESS	255 N LIBERTY ST				1 Riversid	le Ave., :	lith Fi	loor	Ì
CITY-ST-ZIP	JACKSONVILLE, FL 32202		CITY		cksonville				
TITLE		☐ Delete	TITL	E				☐ Change	☐ Addition
NAME			NAM						
STREET ADDRESS CITY-ST-ZIP				EET ADORESS '-ST-ZIP					
- TITLE		☐ Delete	TITL	Ę				☐ Change	Addition
NAME es			NAM	1				-]
STREET ADDRESS				EET ADDRESS					Į,
CITY-ST-ZIP				'-ST-ZIP					
12. I hereby	certify that the information supplied will on this report or suppliented report	th this liling does not qualify for is true and accurate and that i	r the exe my signa	emption stated in S ture shall have the	section 119.07(3)(i), same legal effect	Fiorida Statutes. I as if made under c	rurtner certif bath; that I an	ry that the in n an officer	or director
of the con changed	rporation or the receiver or trustee em , or dn an attachment with an address	powered to execute this report , with all other like shipowered	as requi ,	ired by Chapter 60	u, Fiorida Statutes;	and that my name	appears in	Block 10 or	Block 11 if
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 supplied the supplied 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 fepole of the corporation of th									