2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J48002

1. Entity Name

GREENLEE, KURRAS, RICE AND BROWN, P.A.



Principal Place of Business

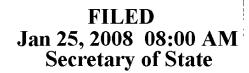
C/O JOHN S. RICE

P.O. BOX 8 MOUNT DORA, FL 32756 Mailing Address

C/O JOHN S. RICE

P.O. BOX 8

MOUNT DORA, FL 32756-0008 US





DO NOT WRITE IN THIS SPACE

01222008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2754585

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RICE, JOHN S. 627 N. DONELLY STREET MOUNT DORA, FL 32757

D

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.

10.

TITLE

NAME STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

BROWN, JERRY D.

1732 DISSTON AVE.

Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be Added to Fees

U00000794326 01/28/08-80003-014:150.00

CLERMONT, FL City-St-ZiP TITLE RICE, JOHN S. NAME STREET ADDRESS 1750 SYLVAN PT DR CITY-ST-ZIP MOUNT DORA, FL TITLE SYKES-AMOS, PATRICIA A NAME STREET ADDRESS 627 N DONNELLY ST CITY-ST-ZIP MT DORA, FL 32757 GARNER, C.L. MALAF STREET ADDRESS 627 N DONNELLY ST CITY-ST-ZIP MT DORA, FL 32757 TITLE NAME STREET ADDRESS CITY-ST-ZIP

OFFICERS AND DIRECTORS

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 a address, with all other like empowered.

SIGNATURE:

-040/L

John S Rice

1.22.08

Date

Daytime Phone #